

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90014 033 ***158.75

DOCUMENT # P01000034527

1. Entity Name

GRAND BAGUETTE, INC.



Principal Place of Business

101 POLO PARK BLVD
DAVENPORT FL 33897

Mailing Address

437 LK DAVENPORT BLVD
DAVENPORT FL 33897

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

101 POLO PARK BLVD

Suite, Apt. #, etc.

2

City & State

City & State

DAVENPORT FLORIDA

Zip

Country

Zip

33897

Country

US 4

4. FEI Number

59-3754701

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUTIERREZ, CRISTINA
437 LK DAVENPORT BLVD
DAVENPORT FL 33897

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cristina Gutierrez

President

2-27-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WALPEN, DAVID
STREET ADDRESS 437 LK DAVENPORT BLVD
CITY-ST-ZIP DAVENPORT FL 33897

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Change ☒ Addition
NAME FLORES ANA LIA
STREET ADDRESS 618 LK DAVENPORT BLVD
CITY-ST-ZIP DAVENPORT FL 33897

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID WALPEN *David Walpen*
SIGNATURE AND TYPED PRINTED NAME OF OFFICER OR DIRECTOR

2-27-04 (863) 424-1582
Date Daytime Phone #