

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90136 024 \*\*\*158.75

**DOCUMENT # P01000093451**

1. Entity Name

DI SIENA BAGELS PIZZA DELI, INC.



Principal Place of Business

49 PARKWAY DRIVE  
PALM COAST FL 32164

Mailing Address

49 PARKWAY DRIVE  
PALM COAST FL 32164

34053594

2. Principal Place of Business

4845 Belle Terre Pkwy  
Suite B  
Palm Coast FL

3. Mailing Address

49 Parkway Drive  
Suite, Apt. #, etc.  
Palm Coast FL



MOORE

CR2E034 (11/03)

4. FEI Number

59-3753201

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEREK, RICHARD  
49 PARKWAY DRIVE  
PALM COAST FL 32164

7. Name and Address of New Registered Agent

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

*X Richard Derek Richard Derek President*

4-26-04

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 PSTD  
NAME DEREK, RICHARD S  
STREET ADDRESS 49 PARKWAY DRIVE  
CITY-ST-ZIP PALM COAST FL 32164

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

*X Richard Derek President Richard Derek*

4-26-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #