

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000117156

1. Entity Name
WELLINGTON BAGELS & GOURMET DELI, INC.



Principal Place of Business
14609 DRAFHORSE LANE
WELLINGTON, FL 33414

Mailing Address
6075 PARK BLVD
SUITE A
PINELLAS PARK, FL 33781



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1158898

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHRIEFER, GEORGE J
6075 PARK BLVD
SUITE A
PINELLAS PARK, FL 33781

DO NOT WRITE
IN THIS SPACE

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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GORMAN, THOMAS J 14609 DRAFHORSE LANE WELLINGTON, FL 33414 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VDS THOMAS, JENNIFER A 14609 DRAFHORSE LANE WELLINGTON, FL 33414 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD GORMAN, LISA M 14609 DRAFHORSE LANE WELLINGTON, FL 33414 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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03/03/04-80030-015 150.00

DO NOT WRITE
IN THIS SPACE

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: Thomas J. Gorman, President *Thomas J. Gorman* 2-10-04 (561) 722-1258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #