

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90015 048 ***150.00

DOCUMENT # P02000020035

1. Entity Name

BEACH BUM BAGELS, INC.



Principal Place of Business

**4580 GULF BREEZE PKWY
GULF BREEZE FL 32561**

Mailing Address

**3716 CEYLON DR
GULF BREEZE PKWY
GULF BREEZE FL 32563**

2. Principal Place of Business

Suite, Apt. #, etc.

2. Mailing Address

Suite, Apt. #, etc.

1207 Ceylon Drive

City & State

City & State

Gulf Breeze, FL

Zip

Country

Zip

32563

Country

USA

4. FEI Number

26-0040059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**IWANSKY, DAVID M
4580 GULF BREEZE PKWY
GULF BREEZE FL 32561**

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

3-24-04

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 **IWANSKY, DAVID M**
STREET ADDRESS **3716 CEYLON DR**
CITY-ST-ZIP **GULF BREEZE FL 32563**

TITLE **D** ☐ Delete
NAME **IWANSKY, JAN**
STREET ADDRESS **3716 CEYLON DR**
CITY-ST-ZIP **GULF BREEZE FL 32563**

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 **Director** ☒ Change ☐ Addition
NAME **DAVID M. IWANSKY**
STREET ADDRESS **1207 Ceylon Drive**
CITY-ST-ZIP **Gulf Breeze, FL 32563**

TITLE **Director** ☒ Change ☐ Addition
NAME **Jan Iwansky**
STREET ADDRESS **1207 Ceylon Drive**
CITY-ST-ZIP **Gulf Breeze, FL 32563**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04

Date

850-934-9585

Daytime Phone #