

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90031 049 \*\*\*150.00

**DOCUMENT # P02000084417**

1. Entity Name  
**THE TRULY DELICIOUS GOURMET FOOD COMPANY, INC.**



Principal Place of Business  
**2198 MAIN STREET  
SARASOTA, FL 34237 US**

Mailing Address  
**2198 MAIN STREET  
SARASOTA, FL 34237 US**

**94051434**

2. Principal Place of Business  
**305-B West Venice Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**305-B West Venice Avenue**  
Suite, Apt. #, etc.



01192004 Chg-P CR2E034 (10/03)

City & State  
**Venice, Florida**

City & State  
**Venice, Florida**

4. FEI Number  
**APPLIED FOR 56-2290332**  
Applied For Not Applicable

Zip  
**34285-2004**

Country

Zip  
**34285-2004**

Country

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

**JAENSCH, PETER J  
2198 MAIN STREET  
SARASOTA, FL 34237**

Name **Allen E. Langdon, Ph.D.**

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

**125 First Avenue**

City **Nokomis**

**FL 34275-4242**

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

*Allen E. Langdon, Ph.D.*

**April 8, 2004**

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 **VPD** ☐ Delete  
NAME **BONVICSINI-BENNETT, KARINE**  
STREET ADDRESS **444 ARBOR VIEW LANE**  
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **D** ☒ Delete  
NAME **BONVICSINI, WINFRED**  
STREET ADDRESS **444 ARBOR VIEW LANE**  
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **PD** ☐ Delete  
NAME **BONVICSINI-BENNETT, PAUL**  
STREET ADDRESS **444 ARBOR VIEW LANE**  
CITY-ST-ZIP **VENICE, FL 34292**

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 **D, VP, T** ☒ Change ☐ Addition  
NAME **Bonvicsini-Bennett, Karine**  
STREET ADDRESS **444 Arbor View Lane**  
CITY-ST-ZIP **Venice, FL 34292**

TITLE **D, P, S** ☒ Change ☐ Addition  
NAME **Bonvicsini-Bennett, Paul**  
STREET ADDRESS **444 Arbor View Lane**  
CITY-ST-ZIP **Venice, FL 34292**

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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 8, 2004**

Date

**(941) 488-8885**

Daytime Phone #