


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90306 023 ***150.00

DOCUMENT # P02000118532	
1. Entity Name HEALTHY BAGEL EXPRESS, INC.	

Principal Place of Business 520 FLORIDA CLUB BLVD, #109 ST AUGUSTINE, FL 32084	Mailing Address 520 FLORIDA CLUB BLVD, #109 ST AUGUSTINE, FL 32084
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94049518

2. Principal Place of Business 9550-4 BAYMEADOWS RD	3. Mailing Address 9550 BAYMEADOWS RD
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 4
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32256	Country DUVAL
Zip 322	Country DUVAL



01232004 Chg-P CR2E034 (10/03)

4. FEI Number 56-2303407		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PACIFICO, FRANK 520 FLORIDA CLUB BLVD, #109 ST AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name FRANK PACIFICO Street Address (P.O. Box Number is Not Acceptable) 5475 SPRING RIDGE CT. City JACKSONVILLE FL Zip Code 32258

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PACIFICO, FRANK 520 FLORIDA CLUB BLVD, #109 SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PACIFICO, FRANK 5475 SPRING RIDGE CT. JACKSONVILLE, FL 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PACIFICO, BETTY 520 FLORIDA CLUB BLVD., #109 SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PACIFICO, BETTY 5475 SPRING RIDGE CT JACKSONVILLE, FL 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frank Pacifico **FRANK PACIFICO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____