

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000118532

1. Entity Name

HEALTHY BAGEL EXPRESS, INC.



Principal Place of Business

9550-4 BAYMEADOWS RD
JACKSONVILLE, FL 32256

Mailing Address

9550-4 BAYMEADOWS RD
JACKSONVILLE, FL 32256



04302005 No Chg-P CR2E034 (10/03)

4. FEI Number

56-2303407

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

PACIFICO, FRANK
5475 SPRINGS RIDGE CT
JACKSONVILLE, FL 32258

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME PACIFICO, FRANK
STREET ADDRESS 5475 SPRING RIDGE CT
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE VT
NAME PACIFICO, BETTY
STREET ADDRESS 5475 SPRINGS RIDGE CT
CITY-ST-ZIP JACKSONVILLE, FL 32258

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CITY-ST-ZIP

1100000358996
05/04/05-80138-002 150.00

**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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05 (904) 737-7896

Date

Daytime Phone #