

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000129990

1. Entity Name

SANIBEL GOURMET FOODS, INC.



Principal Place of Business

2430 PERIWINKLE WAY UNIT B
SANIBEL ISLAND, FL 33957

Mailing Address

2430 PERIWINKLE WAY UNIT B
SANIBEL ISLAND, FL 33957



04062006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

37-1451927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARMENIA, JOHN
2430 PERIWINKLE WAY UNIT B
SANIBEL ISLAND, FL 33957

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARMENIA, JOHN
STREET ADDRESS 2430 PERIWINKLE WAY UNIT B
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

TITLE VD
NAME MUCCIGA, ANDREA
STREET ADDRESS 2430 PERIWINKLE WAY UNIT B
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

TITLE STD
NAME ARMENIA, JOSEPH
STREET ADDRESS 2430 PERIWINKLE WAY UNIT B
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

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04/28/06-80038-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

John Armenia, Pres 4/6/06 239-395-9300