

FILED
May 03, 2004 8:00 am
Secretary of State

04-16-2004 90109 019 ***158.75

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000039252

1. Entity Name
HOLY GROUNDS COFFEE HOUSE & CAFE, INC.



Principal Place of Business
CORALWOOD SHOPPING CENTER
CAPE CORAL, FL 33904 US

Mailing Address
1915 S.W. 17TH. PLACE
CAPE CORAL, FL 33991 US

66418305



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number 03-0515756
~~15-000000000~~

Applied For

Not Applicable

Zip

Country

Zip

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

VITALE, JOHN T
1915 S.W. 17TH OLACE
CAPE CORAL, FL 33991

Name VITALE, JOHN T
Street Address (P.O. Box Number is Not Acceptable)
1915 SW 17th PLACE
City CAPE CORAL FL Zip Code 33991

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

4-12-04

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☒ Addition
D. P. T
VITALE, JOHN T
1915 SW 17th PLACE
CAPE CORAL FL 33991

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☒ Addition
D. P. S
VITALE, Cathrine
1915 SW 17th PLACE
CAPE CORAL FL 33991

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN VITALE

X 4-26-04

Date

Daytime Phone #