

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90199 019 ***150.00

DOCUMENT # P04000095475

1. Entity Name
BAGEL BAGEL FRANCHISE SYSTEMS, INC.



Principal Place of Business
1460 MARKET STREET
UNIT D
TALLAHASSEE, FL 32312

Mailing Address
13639 TWIN LAKE LANE
TAMPA, FL 33618

50001408



2. Principal Place of Business - No P.O. Box #
107 E. Tharpe St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 4089
Suite, Apt. #, etc.

04172007 Chg-P CR2E034 (12/06)

City & State
Tallahassee FL
Zip
32303
Country

City & State
Tallahassee FL
Zip
32315
Country

4. FEI Number
20-1273549
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PADGETT, TIMOTHY D ESQ.
2810 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name
John M. Stout
Street Address (P.O. Box Number is Not Acceptable)
2998 Golden Eagle Dr.
City
Tallahassee FL
Zip Code
32312

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	STOUT, JOHN M	
STREET ADDRESS	2998 GOLDEN EAGLE DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	KOPELMAN, BETTY S	
STREET ADDRESS	13639 TWIN LAKE LN	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STOUT, SARAH O	
STREET ADDRESS	2998 GOLDEN EAGLE DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #

4/19/2007

850.508.340