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# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 15 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P94000071178</b>	
1. Entity Name <b>GOURMET STAFFING, INC.</b>	



Principal Place of Business 2322 W. CYPRESS ST. TAMPA, FL 33609 US	Mailing Address 2322 W. CYPRESS ST. TAMPA, FL 33609 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01202004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3270073</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>GONZALEZ, STEVEN A</b> <b>2322 W. CYPRESS ST.</b> <b>TAMPA, FL 33609</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<del>***150.00</del>	
City	Zip Code

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 _____	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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<b>Amended AR is \$61.25</b>	9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GONZALEZ, STEVEN A</b> <b>4924 BAY WAY PL WEST</b> <b>TAMPA, FL 33629</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>GUGGINO, CAROL</b> <b>3911 SAN MIGUEL STREET</b> <b>TAMPA, FL 33607</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800027489398</b> <b>01/23/04--01016--001 ***150.00</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(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.

<b>SIGNATURE:</b> <u>see attached</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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# Division of Corporations

## Annual Report

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Business Entity Name

**GOURMET STAFFING, INC.**

FEI Number

**593270073**

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired ☐ Yes ☒ No \$8.75 each

### Principal Place of Business

Address

**2322 W. CYPRESS ST.**

Suite, Apt. #, etc.

City, State

**TAMPA**

**FL**

Zip Code & Country

**33609**

**US**

### Mailing Address

Address

**2322 W. CYPRESS ST.**

Suite, Apt. #, etc.

City, State

**TAMPA**

**FL**

Zip Code & Country

**33609**

**US**

### Name And Address of Registered Agent

Name (Last, First, Middle, Title)

**GONZALEZ**

**STEVEN**

**A**

-or- RA Business Name

Address

**2322 W. CYPRESS ST.**

Suite, Apt. #, etc.

City, State

**TAMPA**

**FL**

Zip Code & Country

**33609**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

*Steven A. Gonzalez*

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## Division of Corporations

## Annual Report

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Business Entity Name

GOURMET STAFFING, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

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Title   
 Name (Last, First, Middle, Title)      
 -or- Entity Name   
 Street Address   
 City, State    
 Zip Code & Country

Title   
 Name (Last, First, Middle, Title)      
 -or- Entity Name   
 Street Address   
 City, State    
 Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title   
 Officer/Director Signature  *Steven A. Lopez*

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