


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # P95000060963 1. Entity Name THE BAGEL FACTORY, INC. | |  |
| Principal Place of Business C/O THE BAGEL FACTORY 8841 COLLEGE PKWY #108 FT MYERS, FL 33919 | Mailing Address C/O THE BAGEL FACTORY 8841 COLLEGE PKWY #108 FT MYERS, FL 33919 | |



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0608183 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

LUKASIK, MARK J
 8841 COLLEGE PARKWAY #108
 FT. MYERS, FL 33919

**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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

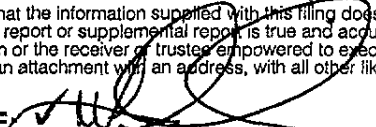
| | | |
|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000182634 01/19/05-80095-021 150.00 |
|---|---|---|

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | LUKASIK, MARK J |
| STREET ADDRESS | 3811 SE 1ST PL |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| TITLE | D |
| NAME | LUKASIK, TARA J |
| STREET ADDRESS | 3811 SE 1ST PL |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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)(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:  **Mark Lukasik** *1/12/05* *2394532245*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #