


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000060963 1. Entity Name THE BAGEL FACTORY, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**



0112008 No Chg-P CR2E034 (11/05)

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

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUKASIK, MARK J 3811 SE 1ST PL CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUKASIK, TARA J 3811 SE 1ST PL CAPE CORAL, FL 33904
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01/17/08-80067-017 150.00

12. I hereby certify that the information supplied in 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 thereof and am 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** 239-433-2245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #