


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

6/15/2005-90095-013-\$150.00-\$150.00

PS 192

<b>DOCUMENT # P96000049351</b> 1. Entity Name <b>GOURMET QUARTERS, INC.</b>	
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Principal Place of Business <b>1114 FLORIDA AVE. B PALM HARBOR, FL 34683</b>	Mailing Address <b>1114 FLORIDA AVE. B PALM HARBOR, FL 34683</b>
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**FILED**  
**05 JUN 30 AM 11:33**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
**J. Roberts JUL 06 2005**



06012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3384051</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**DALY, SUSAN W  
2801 LEPRECHAUN LANE  
PALM HARBOR, FL 34683**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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	PD DALY, SUSAN W 2801 LEPRECHAUN LANE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EARY, STACEY M 3201 CUSTER DR HOLIDAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FREIDINGER, TED 1114 FLORIDA AVE #B PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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: Susan W. Daly  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/05 727.787.0906  
Date Daytime Phone #

PO 282

[illegible]