

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90528 010 ***150.00

DOCUMENT # P96000069144

1. Entity Name

CHACH'S LUNCH BOX DELI, INC.



Principal Place of Business

10712 COUNTY LINE RD
HUDSON FL 34667
US

Mailing Address

10712 COUNTY LINE ROAD
HUDSON FL 34667
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3398136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIEGLER, BARRY
10712 COUNTY LINE ROAD
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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, Fee will be \$550.00

Make Check Payable to Florida Department of State

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
ZIEGLER, MARY H
10712 COUNTY LINE ROAD
HUDSON FL 34667 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ZIEGLER, BARRY
10712 COUNTY LINE ROAD
HUDSON FL 34667 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 10 or Block 11 and that the information on this report or supplemental report is true and accurate and that my signature shall have the effect of a signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., or on an attachment with an address, with all other like empowered.

I certify that the information on this report or supplemental report is true and accurate and that I am an officer or director of the corporation as shown in Block 10 or Block 11 if applicable.

SIGNATURE:

Mary H Ziegler Mary H Ziegler owner 4/23/2004 727 862 1887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

fill out below