

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

05 MAR 30 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000096635**

1. Entity Name

BOSTON GOURMET COFFEEHOUSE, INC.



Principal Place of Business

109 EAST NEW YORK AVENUE  
DELAND, FL 32724

Mailing Address

109 EAST NEW YORK AVENUE  
DELAND, FL 32724

**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3421072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VALENTE, JOSEPH D  
109 EAST NEW YORK AVENUE  
DELAND, FL 32724

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST  
NAME VALENTE, JOSEPH D  
STREET ADDRESS 109 EAST NEW YORK AVENUE  
CITY-ST-ZIP DELAND, FL 32724

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000050598940  
04/13/05--01004--011 \*\*150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #