

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000104176**

1. Entity Name  
**ASHLEY'S GOURMET COFFEE, INC.**



Principal Place of Business  
12042 N.W. 50TH DRIVE  
CORAL SPRINGS, FL 33076 US

Mailing Address  
12042 N.W. 50TH DRIVE  
CORAL SPRINGS, FL 33076 US



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0716073

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

ROSEMAN, HAROLD  
12042 N.W. 50TH DRIVE  
CORAL SPRINGS, FL 33076

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000096226  
03/25/04-80021-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ROSEMAN, HAROLD  
STREET ADDRESS 12042 N.W. 50TH DRIVE  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE D  
NAME ROSEMAN, MARIA  
STREET ADDRESS 12042 N.W. 50TH DRIVE  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(f), 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

3/15/04  
Date

954 4749404  
Daytime Phone #