

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 04, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P97000009968.**

1. Entity Name  
**BED BATH & BEYOND OF JACKSONVILLE INC.**



Principal Place of Business  
**650 LIBERTY AVE  
UNION, NJ 07083 US**

Mailing Address  
**650 LIBERTY AVE  
TAX DEPT.  
UNION, NJ 07083 US**



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3520377**

Applied For  
Not Applicable

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

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**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**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME EISENBERG, WARREN  
STREET ADDRESS 650 LIBERTY AVE  
CITY-ST-ZIP UNION, NJ 07083

TITLE VSD  
NAME FEINSTEIN, LEONARD  
STREET ADDRESS 110 BI-COUNTY BLVD  
CITY-ST-ZIP FARMINGDALE, NY 11735

TITLE VAS  
NAME TEMARES, STEVEN  
STREET ADDRESS 650 LIBERTY AVE  
CITY-ST-ZIP UNION, NJ 07083

TITLE T  
NAME CURWIN, RONALD  
STREET ADDRESS 650 LIBERTY AVE  
CITY-ST-ZIP UNION, NJ 07083

TITLE AT  
NAME CASTAGNA, EUGENE A  
STREET ADDRESS 650 LIBERTY AVE  
CITY-ST-ZIP UNION, NJ 07083

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000034888

02/05/04-80102-005 150.00

**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

**EUGENE A. CASTAGNA**

**1/27/04**

**(908) 688-0888**

Daytime Phone #