

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90065 015 \*\*\*150.00

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  
ATTN: TAX DEPT  
UNION NJ 07083  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2007 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 PD  
NAME EISENBERG, WARREN ☐ Delete  
STREET ADDRESS 650 LIBERTY AVE  
CITY- ST- ZIP UNION NJ 07083

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

TITLE AS  
NAME RAUCH, ALLEN ☐ Delete  
STREET ADDRESS 650 LIBERTY AVE  
CITY- ST- ZIP UNION NJ 07083

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME ASST. TREASURER  
STREET ADDRESS SUSAN E. LATTMANN  
CITY- ST- ZIP 650 LIBERTY AVE  
UNION, NJ 07083

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 E Lattmann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN E. LATTMANN

4/23/07 Daytime Phone: (908) 688-0852