

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000085039	
1. Entity Name PHILIP J. SAN FILIPPO, INC.	

Principal Place of Business
2872 NW 28TH ST.
BOCA RATON, FL 33434

Mailing Address
2872 NW 28TH ST.
BOCA RATON, FL 33434



04302004 No Chg-P CP2ED04 (10/03)

4. FEI Number 85-0786785	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE**6. Name and Address of Current Registered Agent**

SAN FILIPPO, PHILIP J
2872 NW 28TH ST.
BOCA RATON, FL 33434

**DO NOT WRITE
IN THIS SPACE**

7. The above named entity submits this statement for the purpose of obtaining its maintenance office or registered agent or both in the State of Florida from families with, and passes the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

8. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SAN FILIPPO, PHILIP J
STREET ADDRESS	2872 NW 28TH ST.
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	VP
NAME	SAN FILIPPO, MARSHA
STREET ADDRESS	2872 NW 28 ST
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/04-80022-014 150.00

**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(5)(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 prepare this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 & 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

4/30/04 561-852-7892