

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90056 040 \*\*\*150.00

**DOCUMENT # P98000003689**

1. Entity Name  
**CASUAL GOURMET FOODS, INC.**



Principal Place of Business  
**4500 140TH AVE N  
205  
CLEARWATER, FL 33762**

Mailing Address  
**4500 140TH AVE N  
205  
CLEARWATER, FL 33762**

**94043211**



01142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3490563**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIZZO, BEN  
614 GRAND CENTRAL ST  
CLEARWATER, FL 33756**

**ADDRESS  
CORRECTION**

7. Name and Address of New Registered Agent

Name

**BEN RIZZO**

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

**4500 140TH AVE. N. #205**

City

**CLEARWATER**

FL

Zip Code

**33762**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CEO  
RIZZO, BEN R  
4500 140TH AVE N STE 205  
CLEARWATER, FL 33762** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CFO  
HAPANOWICZ, ROBERT J  
4500 140TH AVE N STE 205  
CLEARWATER, FL 33762** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
HOBAN, W NICHOLAS  
4500 140TH AVE N STE 205  
CLEARWATER, FL 33762** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**COO  
CANARELLI, DAVID J  
4500 140TH AVE N STE 205  
CLEARWATER, FL 33762** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
DESIMONE, DANIEL  
4500 140TH AVE N STE 205  
CLEARWATER, FL 33762** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 #

**1/16/04**

**727-298-8307**