

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90039 025 ***150.00

DOCUMENT # P98000003689

1. Entity Name
CASUAL GOURMET FOODS, INC.



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

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

50027376



2. Principal Place of Business
**4500 140TH AVE N
SUITE 113**

3. Mailing Address
**4500 140TH AVE N
SUITE 113**

01062005 Chg-P CR2E034 (10/03)

City & State
CLEARWATER FL

City & State
CLEARWATER FL

4. FEI Number
59-3490563

Applied For
Not Applicable

Zip
33762

Zip
33762

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

6. Name and Address of Current Registered Agent

**RIZZO, BEN
4500 140TH AVE N #205
CLEARWATER, FL 33762**

7. Name and Address of New Registered Agent

Name **Ben Rizzo**
Street Address (P.O. Box Number is Not Acceptable)
4500 140TH AVE N., SUITE 113
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing,
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **BEN R. RIZZO**
STREET ADDRESS **4500 140TH AVE N, SUITE 113**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE ☒ Change ☐ Addition
NAME **ROBERT J. HAPANOWICZ**
STREET ADDRESS **4500 140TH AVE N, SUITE 113**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE ☒ Change ☐ Addition
NAME **W. NICHOLAS HOBAN**
STREET ADDRESS **4500 140TH AVE N, SUITE 113**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE ☒ Change ☐ Addition
NAME **DAVID J. CANARELLI**
STREET ADDRESS **4500 140TH AVE N, SUITE 113**
CITY-ST-ZIP **CLEARWATER FL 33762**

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

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 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

BEN R. RIZZO

3/10/05

727-298-8307