

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 25, 2004 8:00 am**  
**Secretary of State**

06-25-2004 90057 001 \*\*\*300.00

**DOCUMENT # P98000017037**

1. Entity Name

**FAY'S PALM BEACH CHEESECAKE CO.**



Principal Place of Business

**1253 OLD OKEECHOBEE ROAD  
UNIT A1  
WEST PALM BEACH FL 33401**

Mailing Address

**1253 OLD OKEECHOBEE ROAD  
UNIT A1  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0815227**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, EILEEN N  
1253 OKEECHOBEE RD.  
WEST PALM BEACH FL 33401**

Name

Street Address (P.O. Box Numbers 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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PTD<br>DAVIS, EILEEN N<br>1253 OLD OKEECHOBEE RD, UNIT A1<br>WEST PALM BEACH FL 33401 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VSD<br>DAVIS, ROBERT P<br>1253 OLD OKEECHOBEE RD, UNIT A1<br>WEST PALM BEACH FL 33401 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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

*4/27/04*

Date

*571-346-0038*

Daytime Phone \*

66429064

**Marvelous Morsels Inc.**

**# 65-0591285**

**Fay's Palm Beach Cheese Cake Co.**

**# 65-0815227**

1253 Old Okeechobee Rd. A-1  
West Palm Beach Fl. 33401

561-366-9333 561-366-0038  
561-366-1138 FAX

Division of Corporations  
PO BOX 6327  
Tallahassee Fl. 32314

6/15/04


This is a follow up letter to my telephone conversation of June 15, 2004 with Ruby.

When inquiring as to the disposition of our check dated 4/27/04 and mailed to you on 4/28/04, it was suggested we send the copies of our original forms and a new check, here enclosed for \$300.00, as it appears the original check has yet to be processed. This check is for both corps.

We understand that when the original check is received and credited, a refund will be sent back to us for the over payment.

Please contact us ,if necessary, at the above contacts provided.

Thank you for your prompt and courteous attention to this matter.

  
Eileen N Davis, president

Marvelous Morsels  
Doc. # P95 000046556  
Fay's Palm Beach Cheesecake Co.  
Doc # P98 000017037