

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90136 033 ***150.00

DOCUMENT # P98000039774

1. Entity Name

CT'S SANDWICHES, INC.



Principal Place of Business

902 W. BUSCH BLVD.
TAMPA FL 33612

Mailing Address

902 W. BUSCH BLVD.
TAMPA FL 33612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number
59-3518402

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STULL, JEFFREY
602 SOUTH BLVD.
TAMPA FL 33606

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, 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

TITLE P
NAME MOUSSEAU, GAYLE M ☒ Delete
STREET ADDRESS 902 W BUSCH BLVD #101
CITY-ST-ZIP TAMPA FL 33612

TITLE VP ☐ Delete
NAME MOUSSEAU, JAMES J
STREET ADDRESS 902 W BUSCH BLVD, #101
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P ☒ Change ☐ Addition
NAME MOUSSEAU, JAMES J.
STREET ADDRESS 902 W BUSCH BLVD. #101
CITY-ST-ZIP TAMPA FL 33612

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

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

TITLE ☐ Change ☐ Addition
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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 *Jim Moussseau* **Jim MOUSSEAU - President** 4/30/04 813-935-7234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachments

54053585-

#P98000039774

5/5/04

CT's SANDWICHES INC.
902 W. BUSCH BLVD.
Tampa, FL 33612

DIVISION OF CORPORATIONS
P.O. BOX 6850
TALLAHASSEE, FL 32314

TO Whom It May Concern;

I misplaced this Report
and found it yesterday. I
thought that it had been mailed
with some other paperwork
last week on the 30th of April.

I ask you to forgive the
penalties as I have always
been prompt in past years.

Thank You,
Sim Meisner
President