2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90306 024 ***150.00

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01232004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000006527

1. Entity Name
THE HEALTHY BAGEL COMPANY, INC.

Principal Place of Business	Mailing Address
1500 UNVERSITY BL WEST JACKSONVILLE, FL 32217	1500 UNVERSITY BL WEST JACKSONVILLE, FL 32217

2. Principal Place of Business	3. Mailing Address
	5475 SPRING RIDGE CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: JACKSONVILLE FL
Zip / Country	Zip: 32258 / Country: DUVAL

4. FEI Number: 59-3564859 ☐ 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
PACIFICO, FRANK 520-109 FLORIDA CLUB BLVD SAINT AUGUSTINE, FL 32084	Name: FRANK PACIFICO Street Address (P.O. Box Number is Not Acceptable): 5475 SPRING RIDGE CT City: JACKSONVILLE FL Zip Code: 32258

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PACIFICO, FRANK 520-109 FLORIDA CLUB RD SAINT AUGUSTINE, FL 32084	☐ Delete	VP PACIFICO, FRANK 5475 SPRING RIDGE CT. JACKSONVILLE, FL 32258	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALDRON, BETTY 520-104 FLORIDA CLUB BLVD SAINT AUGUSTINE, FL 32084	☐ Delete	P PACIFICO, BETTY 5475 SPRING RIDGE CT. JACKSONVILLE, FL 32258	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Frank Pacifico V.P. FRANK PACIFICO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #