

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90014 003 ***150.00

DOCUMENT # S77375

1. Entity Name
COFFEE BEAN INCORPORATED



Principal Place of Business
4208 U.S. 27 SOUTH
SEBRING, FL 33870

Mailing Address
4208 U.S. 27 SOUTH
SEBRING, FL 33870



DO NOT WRITE IN THIS SPACE

01242004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3084093

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MUELLER, DOLORES
4208 U.S. 27 SOUTH
SEBRING, FL 33870

**DO NOT WRITE
IN THIS SPACE**

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 PD
NAME MUELLER, DOLORES
STREET ADDRESS 4208 US 27 SOUTH
CITY-ST-ZIP SEBRING, FL 33870

TITLE VPD
NAME ABOOD, IRENE
STREET ADDRESS 4208 U.S. 27 SOUTH
CITY-ST-ZIP SEBRING, FL 33870

TITLE D
NAME ASHLEY, P. JILL
STREET ADDRESS 2856 CARRIE LANE
CITY-ST-ZIP LAKELAND, FL 338133158

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

1/27/04 3825808