

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000071745

Entity Name: BOLD BEAN COFFEE ROASTERS, INC.**Current Principal Place of Business:**4815 EXECUTIVE PARK CT.
SUITE 101
JACKSONVILLE, FL 32216**Current Mailing Address:**P.O. BOX 350550
JACKSONVILLE, FL 32235 US**FEI Number:** 81-0861346**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPLAN, HOWARD A
6550 ST. AUGUSTINE RD.
SUITE 305
JACKSONVILLE, FL 32217 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	BURNETT, JAMES C
Address	3774 COCONUT KEY
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	D
Name	BURNETT, ZACHARY P
Address	609 10TH PLACE SOUTH
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	D
Name	SUMMA, CHRISTOPHER D
Address	3770 COCONUT KEY
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	D
Name	BURNETT, ADAM
Address	926 5TH AVENUE NORTH
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	D
Name	BURNETT, LINDSAY L
Address	609 10TH PLACE SOUTH
City-State-Zip:	JACKSONVILLE BEACH FL 32250

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDSAY BURNETT**ACCOUNTANT****05/07/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date