

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

08-02-2004 90017 032 ***558.75

DOCUMENT # F94000005981

1. Entity Name

KING'S HAWAIIAN BAKERY WEST, INC.



Principal Place of Business

**406 AMAPOLA AVE.
SUITE 100
TORRANCE CA 90501
US**

Mailing Address

**406 AMAPOLA AVE.
SUITE 100
TORRANCE CA 90501
US**

2. Principal Place of Business

19161 Harbortgate Way

Suite, Apt. #, etc.

3. Mailing Address

19161 Harbortgate Way

Suite, Apt. #, etc.

City & State

Torrance, CA

City & State

Torrance, CA

Zip

90501

Country

Los Angeles

Zip

90501

Country

Los Angeles

4. FEI Number

95-3512164

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FITZGERALD, RICHARD JOHN
16410 DIAMOND PLACE
FT LAUDERDALE FL 33331**

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **WEEDA, SHELBY**
CITY-ST-ZIP **42 SHEARWATER
IRVINE CA 92714**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **TAIRA, CURTIS**
CITY-ST-ZIP **22917 FELBAR AVENUE
TORRANCE CA 90505**

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **TAIRA, LEATRICE**
CITY-ST-ZIP **22905 WADE AVENUE
TORRANCE CA 90505**

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shelby Weeda

7-27-04

(310) 533-3250

Date

Daytime Phone #