


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K73704</b>	
1. Entity Name PAGE'S PASTIQUES, INC.	

Principal Place of Business 741 TILDENVILLE SCHOOL RD. WINTER GARDEN, FL 34787	Mailing Address 741 TILDENVILLE SCHOOL RD. WINTER GARDEN, FL 34787
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02172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2939824	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PAGE, JENNIFER F.  
 741 TILDENVILLE SCHOOL ROAD  
 WINTER GARDENS, FL 34787.

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAGE, JENNIFER 741 TILDENVILLE SCHOOL WINTER GARDEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BERGMEIER, JUDY 741 TILDENVILLE SCHOOL WINTER GARDEN, FL
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160000927071  
 05/20/08-80091-018 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Judith K. Bergmeier* Judith K. Bergmeier 4/25/08 407-877-3845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #