2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 20, 2006 8:00 am Secretary of State 06-20-2006 90013 033 ***150.00

1. Entity Nam	MENT # P01000014 PRO'S CAFE & BAKERY IN		THE STATE OF THE S			00-20-	2000 90013 03.	130.0	
Principal Place of Business P.O. BOX 2067 SANTA ROSA BEACH, FL 32459		Mailing Address P.O. BOX 2067 SANTA ROSA BEACH, FL 32459			40096267				
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. P, etc.		Suite, Apt. *, etc.			04252006	Chg-P	CR2E034 (11/0		
City & State		City & State			4. FEI Number 59-3691			Applied For Not Applicable	
Zip	Country	Zip	Country			of Status Desired	Fee Requ		
	5. Name and Address of Current I	Registered Agent		lame	7. Name and	Address of New	Registered Agent		
CONGLETON, BRAD CPA 50 UPTOWN GRAYTON CIR., #15 SANTA ROSA BEACH, FL 32459			L	Street Address (P.O. Box Number is Not Acceptable)					
			C	City			FL Zip C	ode	
	named entity submits this statement for flors of registered egent. Sgrabes, typed or presented of registered agent.		_		ered agent, or bot	h, in the State of	Florida. I am familiar wi	th, and accept	
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Camp Trust Fund Co	•		5.00 May Be ided to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO O	FFICERS AND DIRECTO	PRS IN 11	
TITLE NAME STREET ADDRESS	P ALVAREZ, PEDRO A POST OFFICE BOX 2067	☐ Deleta	title Name Street al				☐ Chang	Addidion	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 3245		CITY-\$1-	ZIP					
HAME STREET ADDRESS CITY-ST-ZIP	V ALVAREZ, PEDRO A POST OFFICE BOX 2067 SANTA ROSA BEACH, FL 3245	Oeleta	TITLE NAME STREET A				☐ Chang	® □ Addition	
IITLE MAJGE SIPRET ADDRESS DITY-SI-ZIP		□ Deleta	TITLE NAME STREET AI CITY-ST-	· 1	- 14		Chang	Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Celete	TITLE MAME STREET AL				Chang	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	DOMESS			☐ Chang	e Addition	
TITLE NAME STREET ADDRESS		☐ Delote	LITLE				Chang	e 🔲 Addition	

12. I hereby certify that the information supplied with this fiting does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further cartify 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 calh; 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 HAME OF BEGINNE OF PER OR ORECTOR	29 Apr. 06	(850)267-000 9
SIGNATURE: Propher Alexander	29 Apr. 06	(850)267-000 9