

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 267711

1. Entity Name
EDGEWOOD BAKERY, INC.



FILED
Jan 13, 2004 08:00 AM
Secretary of State

Principal Place of Business
1022 S EDGEWOOD AVE
JACKSONVILLE, FL 32205

Mailing Address
1022 S EDGEWOOD AVE
JACKSONVILLE, FL 32205



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0999456

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POLLETTA, GARY W.
1022 S EDGEWOOD AVE S
4737 GLENWOOD AVE
JACKSONVILLE, FL 32205

**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 NAME STREET ADDRESS CITY - ST - ZIP	PTD POLLETTA, GARY W. 4737 GLENWOOD AVE. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD POLLETTA, SAUNDRA R. 4737 GLENWOOD AVE. JACKSONVILLE, FL
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01/14/04-80011-005 150.00

**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:

Gary W Polletta Gary W Polletta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-04 1-904-389-8057

Date

Daytime Phone #