2007 FOR PROFIT CORPORATION ANNUAL REPORT						FILED Jul 11, 2007 8:00 am			
DOCUMENT # 288165 1. Entity Name FACT-O-BAKE OF ORLANDO, INC.							ecretai	ry of Sta 0077 048 ***550.0	te
Principal Place of Business 5470 PENSACOLA BOULEVARD PENSACOLA, FL 32505			Mailing Address 5470 PENSACOLA BOULEVARD PENSACOLA, FL 32505				)		
<ol> <li>Principal Place of Business - No P.O. Box #</li> <li>Suite, Apt. #, etc.</li> </ol>			3. Mailing Address Suite, Apt. #, etc.						
City & State			City & State			03092007 4. FEI Numbe	Chg-P	CR2E034 (12/06	i) Applied For
Zip	Zip Country		Zip Count		ry	59-108 5. Certificate	4408 of Status Desired	□ \$8.75 A Fee Requi	
	6. Name and Add	iress of Current Re	gistered Agent	.L		7. Name and	Address of New F	Registered Agent	
GUICE, JOHN J 4158 SANDY BLUFF					Name Street Address (P.O. Box Number is Not Acceptable)				
GULF BRE	EEZE, FL 32561								
·					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									
	E NOWIII FEE IS ay 1, 2007 Fee v		9. Election Campa Trust Fund Cont	•	· · · ·	5.00 May Be ded to Fees			
10.	1	OFFICERS AND DI				ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUICE,JOHN J 4158 SANDY BLU GULF BREEZE, F				T ADDRESS ST - ZIP			[] Change	e [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HACKNEY, LANN 2990 PASS DE B NAVARRE, FL 32	LVD	🗂 Delete		T ADDRESS ST - ZIP			[]] Change	e [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HACKNEY, ROGI 2990 PASS DE BI NAVARRE, FL 32	ER V LVD			T ADDRESS ST-ZIP			🛄 Change	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP			🗌 Delete		1			🔲 Change	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP			🗌 Delete					🗂 Change	2 🗌 Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP			Celete		ł			Change	2 🛄 Addition
12. I hereby certily that the information supplied with this tilling 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 tristee 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 fike empowered.									
SIGNATURE: Dignature and typed or printed name of signing difficer or director Date Daylime Phone #									