2007 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT #294487** 1. Entity Name FACT-O-BAKE OF DAYTONA, INC. Principal Place of Business Mailing Address 1590 N.NOVA RD. 1590 N.NOVA RD. HOLLY HILL, FL 32117 HOLLY HILL, FL 32117 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent WEBB, ALFRED (N) JR. 1159 OAKVIEW DR. HOLLY HILL, FL 32117

FILED Apr 12, 2007 08:00 Al Secretary of State

		··					
DO NOT WRITE IN THIS SPACE			CE	01152007 4. FEI Number	No Chg-P	CR2E034	
				59-1097 5. Certificate of	7018 of Status Desired		Not Applicable 8.75 Additional e Required
	6. Name and Address of Current Regis	itered Agent		· · · ·			
WEBB, ALFRED (N) JR. 1159 OAKVIEW DR. HOLLY HILL, FL 32117			DO NOT WRITE IN THIS SPACE				
8. The above the obligat	e named entity submits this statement for the plicons of registered agent.				n, in the State of Flor		niliar with, and accept
	Signature, typed or printed name of registered agent and title	il applicable, (NOTE: Regislared	d Agent signature required	when reinstating)		DATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			noing \$5.	00 May Be ed to Fees			
10.	OFFICERS AND DIREC	CTORS				,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEBB, HELEN IRENE 1159 OAKVIEW DR HOLLY HILL, FL			,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBB JR, ALFRED 1159 OAKVIEW DR HOLLY HILL, FL				· .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		HIS SP	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· · · · ·		02626 0106-00;	2 150.00
TITLE NAMÉ							

12. I hereby certify that the information supplied with this filling 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

10.

TITLE NAME

TITLE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR