

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90029 022 \*\*\*150.00



**DOCUMENT # 416034**

1. Entity Name

LITTLE DUTCH BAKERY, INC.

Principal Place of Business

2178 MONTANA AVE. N.E.  
 ST. PETERSBURG FL 33703

Mailing Address

2178 MONTANA AVE. N.E.  
 ST. PETERSBURG FL 33703

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1438132

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DECOSMO, JUDITH M  
 2178 MONTANA AVENUE NE  
 SAINT PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

*Judith M. DeCosmo*  
 Judith M. DeCosmo

2-7-05

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VD**  Delete  
 NAME **MARSHALL, COURTNEY**  
 STREET ADDRESS **2178 MONTANA AVE NE**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **VD**  Delete  
 NAME **BAXENDALL, VALARIE**  
 STREET ADDRESS **2178 MONTANA AVE NE**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  Change  Addition  
 NAME **PD De Cosmo,**  
 STREET ADDRESS **John B**  
 CITY-ST-ZIP **2178 Montana Ave NE**  
**St Petersburg FL 33703-3452**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Judith M. DeCosmo* **STD** *Judith M. DeCosmo* **STD**

Date

Daytime Phone #

727-525-6173

2-7-2005