


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 498298

1. Entity Name
ANTRANIKS BAKERY, INC.



Principal Place of Business
**5710 EAST FOWLER
 TAMPA, FL 33617**

Mailing Address
**5710 EAST FOWLER
 TAMPA, FL 33617**

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1656874

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BARSOUMIAN, ANTRANIK
 5710 E. FOWLER AVE.
 TAMPA, FL 33617**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

000000127979
 04/26/04-80018-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARSOUMIAN, ANTRANIK 5006 E LIBERTY ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZEIN, ISGOUHI 5910 FOWLER AVE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AVEDIKIAN, ARPINE Z. 5304 MARY COURT 208 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARSOUMAIN, JOHN K. 5710 E FOWLER AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(l), 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: *John K. Barsoumian* **JOHN K. BARSOUMIAN** 4-21-04 813-988-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #