


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 530284		
1. Entity Name DUVAL BAKERY PRODUCTS, INC.		

Principal Place of Business 1733 EVERGREEN AVE JACKSONVILLE, FL 32206	Mailing Address 1733 EVERGREEN AVE JACKSONVILLE, FL 32206
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
GORSUCH, ELIZABETH 1733 EVERGREEN AVE JACKSONVILLE, FL 32206	

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GORSUCH, ROBERT 1733 EVERGREEN AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD GORSUCH, ELIZABETH 1733 EVERGREEN AVE JACKSONVILLE, FL
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	

DO NOT WRITE
IN THIS SPACE

U00000022971
02/02/04-80007-014 150.00

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 a brief description of all other persons empowered to execute this report.

SIGNATURE: 	1/27/04 904 354-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date