

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 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



01252005 No Chg-P CR2E034 (10/03)

4. FCI Number 49-1725285	Approved For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GORSUCH, ELIZABETH
1733 EVERGREEN AVE
JACKSONVILLE, FL 32206

**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: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	

1100000240598
02/24/05-80028-008 150.00

**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)(f), Florida Statutes. I further certify that the information indicated on this report of incorporation, report is true and accurate and that my signature shall have the same legal effect as I 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 Book 10 or Book 11, changed or on an attachment with an address, with a other like empowered.

SIGNATURE: Elizabeth J. Gorsuch ELIZABETH J. GORSUCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR