2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 530284

1. Entity Name
DUVAL BAKERY PRODUCTS, INC.

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

DO NOT WRITE IN THIS SPACE

01272006 No Chg-P CR2E034 (11/05)

4. FEI Number
49-1725285

☐ Applied 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

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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, required if name/name of registered agent and fee is applicable (NOTE: Registered Agent's signature required when amending)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GORSUCH, ROBERT
STREET ADDRESS	1733 EVERGREEN AVE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	STD
NAME	GORSUCH, ELIZABETH
STREET ADDRESS	1733 EVERGREEN AVE
CITY-ST-ZIP	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	

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12. *I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.*

SIGNATURE: Robert W. GORSUCH Pres 1/30/06 904 354-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #