

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 588602

1. Entity Name
CASINO BAKERY, INC.



Principal Place of Business
**2726 36TH STREET
TAMPA, FL 33605**

Mailing Address
**P.O. BOX 5828
TAMPA, FL 33675 US**



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1849497

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SANCHEZ, LOUIS, JR.
2726 36TH STREET
TAMPA, FL 33605**

**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 _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

UN00000105885
04/07/04-80043-012 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P SANCHEZ, LOUIS III 509 OAKHURST DR. BRANDON, FL 33511 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V SANCHEZ, LOUIS, JR. 509 OAKHURST DR. BRANDON, FL 33511 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S GOAN, IRIS TERES 3204 W CLIFTON ST TAMPA, FL 33614 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GURMAN, LORI 1228 ALPINE LAKE DR BRANDON, FL 33511 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T SANCHEZ, AMY 509 OAK HURST DR BRANDON, FL 33511 |
| 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)(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 title empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

IRIS TERESA GOAN 3/20/04 - 813-242-0311