


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 588602</b> 1. Entity Name <b>CASINO BAKERY, INC.</b>	
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Principal Place of Business <b>2726 36TH STREET TAMPA, FL 33605</b>	Mailing Address <b>P.O. BOX 5828 TAMPA, FL 33675 US</b>
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07012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1849497</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SANCHEZ, LOUIS, JR. 2726 36TH STREET TAMPA, FL 33605</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	

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07/18/05-80012-019 150.00

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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 like empowered.

**SIGNATURE:** *Iris Teresa Goan* - IRIS TERESA GOAN - 7/14/05 (813) 242-1311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #