


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 724361</b>	
1. Entity Name <b>SOUTHEASTERN MASTER RETAIL BAKERS ASSN., INC.</b>	

Principal Place of Business <b>161 RIDGEMONT DR. COLUMBIA, SC 29212</b>	Mailing Address <b>ONE HARBISON WAY 222 COLUMBIA, SC 29212</b>
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**DO NOT WRITE IN THIS SPACE**



01202006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>58-1231117</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>POLLETA, GARY W 4737 GLENWOOD AVE JACKSONVILLE, FL 32205</b>
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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 <i>Gary Polletta</i> <b>GARY W POLLETTA</b>	DATE <b>1-30-06</b>
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<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, ROBERT S 161 RIDGEMONT DR. COLUMBIA, SC 29212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINSON, SYLVIA 2541 KORSHAW CANDA HWY LANCASTER, SC 29720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOKE, ALAN 1307 SECOND LOOP RD. FLORENCE, SC 29505
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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IN THIS SPACE**

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 617, 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: <i>Robert S Smith</i> <b>Robert S Smith</b>	Date <b>1-23-06</b>	Daytime Phone # <b>1-803-407-5388</b>
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