


FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90044 004 ***150 00

DOCUMENT # F00000000371						State of Florida	
1. Entity Name ENTENMANN'S SALES COMPANY, INC.				02-02-2006 90044 004 ***150.00			
Principal Place of Business 55 PARADISE LANE BAY SHORE, NY 11706				Mailing Address 55 PARADISE LANE BAY SHORE, NY 11706			
2. Principal Place of Business		3. Mailing Address		01062006 Chg-P CR2E034 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 11-3519173		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
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 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRINCE, GARY			NAME			
STREET ADDRESS	55 PARADISE LANE			STREET ADDRESS			
CITY-ST-ZIP	BAY SHORE, NY 11706			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETERSEN, WILLIAM			NAME			
STREET ADDRESS	55 PARADISE LANE			STREET ADDRESS			
CITY-ST-ZIP	BAY SHORE, NY 11706			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LACCHIN, LOUISE			NAME			
STREET ADDRESS	55 PARADISE LANE			STREET ADDRESS			
CITY-ST-ZIP	BAY SHORE, NY 11706			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEE, RICK			NAME			
STREET ADDRESS	55 PARADISE LANE			STREET ADDRESS			
CITY-ST-ZIP	BAY SHORE, NY 11706			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAURINAR, RICHARD			NAME	Richard Maurinar		
STREET ADDRESS	65 PARADISE LN			STREET ADDRESS			
CITY-ST-ZIP	BAY SHORE, NY 11706			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: _____				VP-Tgx 11/9/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			