

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000006000 1. Entity Name PURATOS BAKERY SUPPLY, INC.	
---	---

Principal Place of Business 1941 OLD CUTHBERT ROAD CHERRY HILL, NJ 08043	Mailing Address 1941 OLD CUTHBERT ROAD CHERRY HILL, NJ 08043
--	--

DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 23-2445964	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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
---	--

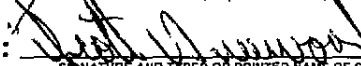
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GREENWOOD, SCOTT 1941 OLD CUTHBERT ROAD CHERRY HILL, NJ 08043
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S VANTHOURNOUT, BERTRAND 1941 OLD CUTHBERT ROAD CHERRY HILL, NJ 08043
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T TRAP, PIETER 1941 OLD CUTHBERT ROAD CHERRY HILL, NJ 08043
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D VAN BELLE, EDDY 1941 OLD CUTHBERT ROAD CHERRY HILL, NJ 08043
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DEMANET, MICHEL 1941 OLD CUTHBERT ROAD CHERRY HILL, NJ 08043
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DERIEMAERKER, PETER 1941 OLD CUTHBERT ROAD CHERRY HILL, NJ 08043

U000000146056
05/03/04-80049-020 150.00

**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 like empowered.

SIGNATURE:  3/3/04 856-428-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #