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	Mailing Address
1941 OLD CUTHBERT ROAD CHERRY HILL, NJ 08043	1941 OLD CUTHBERT ROAD CHERRY HILL, NJ 08043

02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000146056
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 #