

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004119

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** ARTISAN BAKERS INTERNATIONAL INC.

**Current Principal Place of Business:**

5480 DON MANUEL ROAD  
ELKTON, FL 32033

**New Principal Place of Business:**

3850 N. CROSSROAD  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

5480 DON MANUEL ROAD  
ELKTON, FL 32033

**New Mailing Address:**

3850 N. CROSSROAD  
ST. AUGUSTINE, FL 32092

**FEI Number:** 27-0875952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GACHES, JOHN  
5480 DON MANUEL ROAD  
ELKTON, FL 32033 US

**Name and Address of New Registered Agent:**

GACHES, JOHN  
3850 N. CROSSROAD  
ST. AUGUSTINE, FL 32092 US

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.

**SIGNATURE:**

02/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CDP  
**Name:** GACHES, JOHN W  
**Address:** 3850 N. CROSSROAD  
**City-St-Zip:** ST. AUGUSTINE, FL 32092

**Title:** ST  
**Name:** GACHES, LARRAINE H  
**Address:** 3850 N. CROSSROAD  
**City-St-Zip:** ST. AUGUSTINE, FL 32092

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LARRAINE H. GACHES

SECR

02/08/2012

Electronic Signature of Signing Officer or Director

Date