

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F45845

1. Entity Name
EAST BALT. BAKERY OF FLORIDA, INC.



Principal Place of Business
**1801 WEST 31ST STREET
CHICAGO, IL 60608**

Mailing Address
**1801 WEST 31ST STREET
CHICAGO, IL 60608**



02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3184006

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

**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	COB
NAME	KUCHURIS, FRANK L
STREET ADDRESS	1801 WEST 31ST STREET
CITY-ST-ZIP	CHICAGO, IL
TITLE	P
NAME	PETENES, JOHN
STREET ADDRESS	1801 WEST 31ST STREET
CITY-ST-ZIP	CHICAGO, IL
TITLE	EVPC
NAME	BOROWSKI, JOHN T.
STREET ADDRESS	1801 W. 31ST PLACE
CITY-ST-ZIP	CHICAGO, IL
TITLE	SRVP
NAME	PAVISH, SUSAN
STREET ADDRESS	1801 WEST 31ST STREET
CITY-ST-ZIP	CHICAGO, IL
TITLE	AS
NAME	HOMER, RICHARD
STREET ADDRESS	203 NORTH LASALLE STREET
CITY-ST-ZIP	CHICAGO, IL
TITLE	EVP
NAME	QUEBNAU, WALTER
STREET ADDRESS	1801 W 31 ST
CITY-ST-ZIP	CHICAGO, IL

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03/22/04-80016-002 150.00

**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Susan E. Paves Sr. U.P.

2/17/04

773-376-4444