

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90020 013 \*\*\*150.00

DOCUMENT # G41484

1. Entity Name  
PENELOPE'S BREADS AND THREADS, INC.



Principal Place of Business  
% MARY-BERTHA WEIGAND  
353 N. SWINTON AVE  
DELRAY BEACH FL 33444

Mailing Address  
% MARY-BERTHA WEIGAND  
353 N. SWINTON AVE  
DELRAY BEACH FL 33444



2. Principal Place of Business - No P.O. Box #

321 NW 7 St.

Suite, Apt. #, etc.

3. Mailing Address

321 NW 7 St.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

59-2306764

Applied For

Not Applicable

Zip

33444

Country

Palm Beach

Zip

33444

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEIGAND, MARY-BERTHA  
353 N. SWINTON AVE  
DELRAY BEACH FL 33444

321 NW 7 St.

Name

Mary

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

Mary Bertha Weigand

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WEIGAND, JOHN F. JR.  
STREET ADDRESS 100 SE 5 AVE 321 NW 7 St.  
CITY-STATE-ZIP DELRAY BEACH FL 33444

TITLE SD  
NAME MORGAN, PENELOPE W.  
STREET ADDRESS 100 SE 5 AVE 321 NW 7 St.  
CITY-STATE-ZIP DELRAY BEACH FL 33444

TITLE TD  
NAME WEIGAND, MARY-BERTHA  
STREET ADDRESS 100 SE 5 AVE 321 NW 7 St.  
CITY-STATE-ZIP DELRAY BEACH FL 33444

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

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STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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CITY-STATE-ZIP

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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Mary Bertha Weigand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/07 561-272-1000

Date

Daytime Phone #