

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90059 014 ***150.00

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02112005 Chg-P CR2E034 (10/03)

DOCUMENT # H11819					
1. Entity Name BRUGIERE AND VALLIN FLORIDA, INC.					
Principal Place of Business NAPOLEON BAKERY & PASTRY 101 S. JEFFERSON ST. PENSACOLA, FL 32501-5645 US			Mailing Address NAPOLEON BAKERY & PASTRY 101 S. JEFFERSON ST. PENSACOLA, FL 32501-5645 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 27-4403380 59-2464877				Applied For Not Applicable	
5. Certificate of Status Desired ☐				S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PITZMAN, WOLFGANG 101 S JEFFERSON ST PENSACOLA, FL 32514			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when renouncing) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PITZMAN, WOLFGANG 101 S. JEFFERSON ST. PENSACOLA, FL 32501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PITZMAN, WANDA 101 S JEFFERSON ST PENSACOLA, FL 32502	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: <u>Wolfgang Pitzmann</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/17/05 850-432-6206 Date Daytime Phone #		