

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

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
DO NOT WRITE IN THIS SPACE		
		01052007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-2464877		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PITZMAN, WOLFGANG 101 S JEFFERSON ST PENSACOLA, FL 32514		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 fee 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		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000608823 02/01/07-80024-018 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PITZMAN, WOLFGANG 101 S. JEFFERSON ST. PENSACOLA, FL 32501	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 officer like empowered.		
SIGNATURE: <u>Wolfgang Pitzmann</u> 1-25-07 (850) 438-5614 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Wolfgang Pitzmann		Date Daytime Phone #