## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 13, 2006 08:00 AM Secretary of State

ANNUAL REPURI				Secretary of State			
DOCU	MENT # L65801		}	200200	y		
1. Entity Nan	ne BAKED BUNS, INC.						
1 1 1 1 1 1 1 1 1 1	3/1/2 <i>0</i> 00/10, 1110.						
	·		SHE	}			
Principal Place 3851 PASCO		alling Address		}			
PENSACOLA		1851 pasco street Pensacola, FL 32505 - US	5	}			
				} }	M BRIDE BRIDE IDIE BUIDE HAR	BIRK EIRN GERN BERN BENN BIRK DER HER IN SENE	
DO NOT WRITE IN THIS SPACE				02092006 No Chg-P CR2E034 (11/05)			
DO NOT WRITE IN THIS SPAT			ŲE,	4. FEI Numb		Applied For	
}		,		59-300		Not Applicab	
			·	5. Certaicate	of Status Desired	Fee Required	
8. Name and Address of Current Registered Agent							
CALVERT			DO	<b>NOT W</b>	RITF		
	IBRIDGE CIRCLE DLA, FL 32503						
(			IN THIS SPACE				
{							
	a named entity submits this statement for the utions of registered agent.	ourpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Flo	rida. I am familiar with, and accep	
1	•						
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registere	d Agent signature required	t when reinstating)		CATE	
		9. Election Campaign Final	ncina \$5	60 Nov. Pa	1100800	431004	
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.				.00 May Be led to Fees	02/23/06-	80011-003 150.00	
10.	OFFICERS AND DIRE	CTORS					
TITLE NAME	CALVERT, RICHARD SCOTT	1	1				
STREET AODRESS	2650 TAMBRIDGE CIR.	:					
CITY-ST-ZIP	PENSACOLA, FL 32503						
TITLE NAME	HOSKINS, JEFFREY B	:	1				
STREET ADDRESS	816 N 14TH AVE		ł				
CITY-ST-ZIP	PENSACOLA, FL 32503		-				
NAME	{		1				
STREET ADDRESS CITY-ST-ZIP		•	I	DO	NOT W	RITE	
TITLE			1				
NAME				11/1	THIS SP	ACE	
STREET ADDRESS CITY-ST-ZIP	}						
TITLE			1				
NAME							
STREET ADDRESS CITY-ST-ZIP							
HITLE			1	4			
NAME							
Street address	1						

12. Thereby 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 507, 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: \_

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/0c

(84) 45K-0876