


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000049890	
1. Entity Name PLACID PASTRY SHOPPE, INC.	

Principal Place of Business INTERLAKE BLVD LAKE PLACID, FL 33852	Mailing Address 341 INTERLAKE BLVD. LAKE PLACID, FL 33852
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02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1015463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TARDIFF, BRABARA 406 CLARK AVE. LAKE PLACID, FL 33852
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**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 _____ (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

UD00000137487
04/29/04-80042-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TARDIFF, BARBARA 406 CLARK AVENUE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAND, ROBERT 1606 CEDAR STREET LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAND, DEBORAH 1606 CEDAR STREET LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TARDIFF, HENRY 406 CLARK AVENUE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(i), 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 Deborah A. Hand Secretary Date April 26, 2004 863-465-3814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #