## 2004 FOR PROFIT CORPORATION

## **FILED** Apr 12, 2004 08:00 AM

ANNUAL REPORT				_	Secretary of State			
5	MENT # P0000007707	78				cuij	or State	
1. Entity Nam TONY'S I	BAKERY OF CENTRAL FLORI	DA, INC.						
Principal Plac	te of Business	Mailing Address	ł	1				
		2468 N. FORSYTH ROAD ORLANDO, FL 32807						
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			i piyatî li. Tilê Bekalê	03182004	03182004 No Chg-P CR2E034 (10/03)			
C	O NOT WRITE I	N THIS SPA	CE	4. FEI Numb		1	Applied For	
				59-366			Not Applicable	
				5. Certificate	of Status Desired	□ \$8.73 Fee Re	Additional adulted	
	6. Name and Address of Current Reg	istered Agent			ampidestalaliye			
DAHER, NAJWA				DO	NOT WI	AITE	•	
2468 N. FORSYTH ROAD ORLANDO, FL 32807					THIS SP		n	
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<ol> <li>The above the obligation</li> </ol>	named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or regist	tered agent, or bo	oth, in the State of Flori	da. I am familiar	with, and accept	
SIGNATURE.								
	Signature, typed or printed name of registered agent and to	ie il applicable. (NOTE. Registere	d Agent signature requi	red when reinstating)	T	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Final Trust Fund Contribution.</li> </ol>		5.00 May Be dded to Fees	10000001 04/12/04	.09781 30055-025	150.00	
10.	ÖFFIČERS AND DIR	ECTORS -	jan jiha ya .	Lycky isy signisy s	gaa i ji waxa ki ka	a a aprova species	and the second	
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CITY-ST-ZIP	ORLANDO, FL 32807	·		[1] [[1], [], [[1] arangganasatatutut	المامال المامالية			
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City-ST-ZIP	ORLANDO, FL 32807			لتنبيط طباطين أأبا		k – A. A. H. 1988 Kanada ya Marika Kanada		
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NAME								
STREET ADDRESS CITY-ST-ZIP				Charlet and Jackson (S. Stranger and Jackson (S. Stranger				

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: \_

TETLE NAME STREET ADDRESS CITY-ST-ZIP