

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000077078

1. Entity Name
TONY'S BAKERY OF CENTRAL FLORIDA, INC.



Principal Place of Business
2468 N. FORSYTH ROAD
ORLANDO, FL 32807

Mailing Address
2468 N. FORSYTH ROAD
ORLANDO, FL 32807



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3662376	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

DAHER, NAJWA
2468 N. FORSYTH ROAD
ORLANDO, FL 32807

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing/
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000835302
02/20/08-80110-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAHER, NAJWA 2468 N. FORSYTH ROAD ORLANDO, FL 32807
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**DO NOT WRITE
IN THIS SPACE**

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 other like empowered.

SIGNATURE: Najwa Daher 2-3-08 407-657-2707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #