

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000010381

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** BAKERY REFRIGERATION, INC.

**Current Principal Place of Business:**

10963 S.E. SEA PINES CIRCLE  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

5690 GOLDEN EAGLE CIRCLE  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

PO BOX 39  
LITTLE SWITZERLAND, NC 28749

**New Mailing Address:**

**FEI Number:** 65-1079920

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALTMAN, WILLIAM O  
10963 S.E. SEA PINES CIRCLE  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

ALTMAN, WILLIAM O  
5690 GOLDEN EAGLE CIRCLE  
PALM BEACH GARDENS, FL 33418 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/13/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALTMAN, WILLIAM O  
Address: PO BOX 39  
City-St-Zip: LITTLE SWITZERLAND, NC 28749

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM O ALTMAN

PRES

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date