

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90082 042 ***150.00

DOCUMENT # P01000018905

1. Entity Name

FLORIDA BAKERY MACHINERY CORP.



Principal Place of Business

1272 OCEAN SHORE DRIVE
ORMOND BEACH FL 32176

Mailing Address

1272 OCEAN SHORE DRIVE
ORMOND BEACH FL 32176

2. Principal Place of Business

3. Mailing Address

43 San Jose Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ormond Beach FL

Zip

Country

Zip

Country

32176

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3698264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CORTESE, JOHN	
STREET ADDRESS	1272 OCEAN SHORE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORTESE, JANET	
STREET ADDRESS	1272 OCEAN SHORE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORTESE, SHIRLEY A	
STREET ADDRESS	1272 OCEAN SHORE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEBLEY, WILLIAM	
STREET ADDRESS	1272 OCEAN SHORE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

John Cortese *Janet Cortese* 2-16-05 386-441-0736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #