

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064017

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: BAKERY EQUIPMENT SERVICE CO.

## Current Principal Place of Business:

9223 LIBERATOR CT  
SPRING HILL, FL 34609

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 6003  
SPRING HILL, FL 34611

## New Mailing Address:

FEI Number: 33-1031365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAUZE, JOCELYNE  
9223 LIBERATOR CT  
SPRING HILL, FL 34609 US

## Name and Address of New Registered Agent:

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LAUZE, JEAN-PAUL  
Address: 9223 LIBERATOR CT  
City-St-Zip: SPRING HILL, FL 34609

Title: T ( ) Delete  
Name: LAUZE, JOCELYNE  
Address: 9223 LIBERATOR CT  
City-St-Zip: SPRING HILL, FL 34609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOCELYNE LAUZE

T

04/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date