


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90041 027 ***150.00

DOCUMENT # P01000094406

1. Entity Name
J & G BREAD CORP.



Principal Place of Business
**4503 18TH AVENUE WEST
 BRADENTON, FL 34209**

Mailing Address
**4503 18TH AVENUE WEST
 BRADENTON, FL 34209**

24010924



2. Principal Place of Business
5415 10th Ave Dr. W.

3. Mailing Address
5415 10th Ave Dr. W.

Suite, Apt. #, etc.

02032004 Chg-P CR2E034 (10/03)

City & State
Bradenton FL

City & State
Bradenton FL

Zip
34209

Country
Manatee

Zip
34209

Country
Manatee

4. FEI Number
65-1140106

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NICOLIAI, JOSEPH I
4503 18TH AVE W
BRADENTON, FL 34209

7. Name and Address of New Registered Agent

Name: **Nicolini, Joseph J.**

Street Address (P.O. Box Number is Not Acceptable)
5415 10th Ave Dr W

City **Bradenton** FL Zip Code **34209**

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: *Joseph J. Nicolini* DATE: **2/4/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NICOLINI, JOSEPH J 4503 18TH AVENUE WEST BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5415 10th Ave Dr W. Bradenton FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD NICOLINI, MADELINE G 4503 18TH AVENUE WEST BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5415 10th Ave Dr. W. Bradenton FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph J. Nicolini* DATE: **2/4/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #