


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000094406			
1. Entity Name <b>J &amp; G BREAD CORP.</b>			
Principal Place of Business <b>5415 10TH AVE DR. W. BRADENTON FL 34209</b>		Mailing Address <b>5415 10TH AVE DR. W. BRADENTON FL 34209</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address:	
State, Apt #, etc		State Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/07)

4. FEI Number <b>65-1140106</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NICOLINI, JOSEPH J</b> <b>5415 10TH AVE DR W</b> <b>BRADENTON FL 34209</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, Title or Position of Registered Agent or Director, as applicable. (NOTE: Registered Agent signature required when changing agent.)

<p><b>FILE NOW!!! FEE IS \$150.00</b></p> <p><b>After May 1, 2008 Fee Will Be \$550.00</b></p> <p><b>Make Check Payable to Florida Department of State</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/></p> <p><b>\$5.00</b> May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete NICOLINI, JOSEPH J	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5415 10TH AVE DR W	NAME	U000000847908
STREET ADDRESS	BRADENTON FL 34209	STREET ADDRESS	03/19/08-80039-002 150.00
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	SVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLINI, MADELINE G	NAME	
STREET ADDRESS	5415 10TH AVE DR W	STREET ADDRESS	
CITY-STATE-ZIP	BRADENTON FL 34209	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employees.

SIGNATURE: *Joseph J Nicolini* *Joseph J Nicolini* *2/28/08* *(941) 685-4074*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR