

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000050494

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA BAKERY ENTERPRISES, INC.

**Current Principal Place of Business:**

213 WEST MAIN STREET  
SACKETS HARBOR, NY 13685

**New Principal Place of Business:**

981 WATERMAN DRIVE  
WATERTOWN, NY 13601

**Current Mailing Address:**

P.O. BOX 725  
SACKETS HARBOR, NY 13685

**New Mailing Address:**

**FEI Number:** 16-1538244      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ASHCRAFT, PEARL  
1900 SE KANNER HWY  
STUART, FL 34995 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SCOZZAFAVA, THOMAS W  
Address: 212 WEST MAIN STREET  
City-St-Zip: SACKETS HARBOR, NY 13685

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: THOMAS SCOZZAFAVA

PC

04/26/2012

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

\_\_\_\_\_  
Date