

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082789

Entity Name: BREAD & NAILS INC.

FILED  
Mar 29, 2005  
Secretary of State

## Current Principal Place of Business:

1812 SE 37 TERR.  
CAPE CORAL, FL 33904

## New Principal Place of Business:

## Current Mailing Address:

1812 SE 37 TERR.  
CAPE CORAL, FL 33904

## New Mailing Address:

FEI Number: 38-3656279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCIULLA, PETER  
1812 SE 37 TERR.  
CAPE CORAL, FL 33904 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: D ( ) Delete  
Name: SCIULLA, PETER  
Address: 1812 SE 37 TERR.  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: SCIULLA, CLAUDIA  
Address: 1812 SE 37 TERR.  
City-St-Zip: CAPE CORAL, FL 33904

## 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 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 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: PETERSCIULLA

PRES

03/29/2005

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

\_\_\_\_\_  
Date