


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000096739</b> 1. Entity Name <b>BUTTERCUP BAKERY, INC.</b>	
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Principal Place of Business <b>1410 WINDY KNOLL LANE DELAND, FL 32724</b>	Mailing Address <b>1410 WINDY KNOLL LANE DELAND, FL 32724</b>
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**DO NOT WRITE IN THIS SPACE**



04072007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>51-0428516</b>	Applied For 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  
  
**WINES, TAMMY L  
1410 WINDY KNOLL LANE  
DELAND, FL 32724**

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IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINES, TAMMY L 1410 WINDY KNOLL LANE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, CHERYL L 2235 DEERFOOT TRAIL DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLANKER, AUDREY J 2049 BOND ROAD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/24/07-80016-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Tammy Wines **Tammy WINES** 4/9/07 386 736 4043  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #