


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90120 024 ***150.00

DOCUMENT # P03000082795 1. Entity Name A BOUNTIFUL BASKET BAKERY & EATERY, INC.			
Principal Place of Business 616 SOUTH RIDE TALLAHASSEE, FL 32303		Mailing Address 616 SOUTH RIDE TALLAHASSEE, FL 32303	
2. Principal Place of Business 2510 M. McGoske Rd Suite, Apt. #, etc. Suite 5		3. Mailing Address 616 South Ride Suite, Apt. #, etc.	
City & State Tallahassee, FL Zip 32308		City & State Tallahassee, FL Zip 32303	
4. FEI Number 41-2104995		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EATON, ROBERT J 616 SOUTH RIDE TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD EATON, JOYCE MICHELLE 616 SOUTH RIDE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN WILSON, CHRISTA 3735 DORSET WAY TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DELOACH EATON, DEBRA 616 SOUTH RIDE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EATON, ROBERT J 616 SOUTH RIDE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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: <i>Robert J Eaton</i> Robert J Eaton		2/29/04 850-422-1906	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	