## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03312						FILED					
1. Entity Name SOUTHERN BAKERIES, INC.						)	07 APR 2	6 PM 3:	49		
					<b>'</b>	. 12.31.46	CT OF ST	ATE			
Principal Place of Business			Mailing Address			LANGER FLORIDA					
3355 W. MEMORIAL BLVD.			701 HARGER RD STE 190								
LAKELAND, FL 33801 US			OAK BROOK, IL 60523 US			4 18 80 984 111	MARIA IMPRIMATENTALI		:EN ETEN 61611	<b>19</b> 1 II 18 81	
Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04092007	Chg-P	CR2E034	(12/06)		
City & State			City & State			4. FEI Numb			<del></del>	olied For	
Zip	Country		Zip Coun'		try	59-2430639  5. Certificate of Status De		Not Applicable \$8.75 Additional			
	6. Name and Address	s of Current Re	gistered Agent				Address of New R	— Fe	e Required ent		
						Name Ken Reeves					
KRANTZ, ARTHUR H 3355 MEMORIAL					Street Address (P.O. Box Number is Not Acceptable)						
LAKELANI	D, FL 33801										
					3355 Memorial Blvd  City Lakeland FL Zip Code 3380					33801	
8 The above	named entity submits this		th, in the State of Flo		niliar with, a						
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    Signature   Note or printed harms of registered agent and little of applicable. (NOTE Registered Agent signature required when reinstating)    DATE   DATE											
Signaturif, phed or prinfed harne of registered agent and title if applicable. (NDTE Registered Agent signature required when reinstating)  DATE  ONTE											
	E NOW!!! FEE IS \$ ay 1, 2007 Fee will		9. Election Camp Trust Fund Co			5.00 May Be dded to Fees					
10.	OF	FICERS AND DI	 RECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND D	IRECTORS	3 IN 11	
TITLE	PD		☐ Delete TITLE						Change	☐ Addition	
NAME STREET ADDRESS	GUSTAFSON, F. ED' 701 HARGER RD. S		NAME STRE		ET ADDRESS	<b>್ಕ್</b> ೧೮ /೧	<b>00103</b> ! 2/070102		[구석 **140(	n no	
CITY-ST-ZIP	OAK BROOK, IL 605	523			-ST-ZIP						
TITLE NAME	TV KRANTZ, ARTHUR F	1.	Delete TITL		L	nel.			_) Change	☐ Addition	
STREET ADDRESS	701 HARGER ROAD	STRE		ET ADDRESS	1514						
CITY-ST-ZIP	OAK BROOK, IL			<u> </u>	-ST-ZIP				Change	Addition	
TITLE NAME	SCHUSTER, STEPH	EN M.	☐ Delete	TITE Nam	<b>I</b>			Ĺ	☐ CHRINGS		
STREET ADDRESS	701 HARGER ROAD OAK BROOK, IL				EET ADDRESS ST-ZIP						
TITLE	D D		☐ Delete	TITL			<del>-</del>		Change	Addition	
NAME	KELLY, DONALD P			NAM	1						
STREET ADDRESS CITY-ST-ZIP	701 HARGER ROAD   OAK BROOK, IL				EET ADDRESS '-ST-ZIP					]	
TITLE			☐ Delete	TITL			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME STREET ADDRESS				NAN STR	ie Eet a <b>ddress</b>						
CITY-ST-ZIP				сп	-ST-ZIP						
TITLE NAME			☐ Delete	TITL NAN				C	☐ Change	☐ Addition	
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP			of a Attitude of the Attitude		-ST-ZIP	and in Observation	O Florido O	t di unito a s = ====	**************************************	formati	
12. I hereby certify that the information supplied with this filling 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 oy frustee empowered. It is changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: Stephen M. Schuster 4/09/07 630-571-4433											
DIGNA	UNE.	_//			700	<u> </u>	1/ 4/ 4/	กวเ			