

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90245 039 ***150.00

DOCUMENT # P04000053208 1. Entity Name FRESH BREAD, INC.			
Principal Place of Business F2 160 JACKSONS RUN SANTA ROSA BEACH, FL 32459		Mailing Address F2 160 JACKSONS RUN SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business 99 Whispering Pines Ct. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 99 Whispering Pines Ct. <small>Suite, Apt. #, etc.</small>	
City & State Santa Rosa Bch, FL		City & State Santa Rosa Bch, FL	
Zip 32459		Zip 32459	
Country USA		Country USA	
4. FEI Number 57-1206724		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 JACKSON, SYLVIA F2 160 JACKSONS RUN SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name Jackson, Sylvia Street Address (P.O. Box Number is Not Acceptable) 99 Whispering Pines Ct. City Santa Rosa Beach FL Zip Code 32459	
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 Sylvia Jackson, Director 4/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$450.00 After May 1, 2005 Fee will be \$580.00		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 D NAME JACKSON, SYLVIA <input type="checkbox"/> Delete STREET ADDRESS F2 160 JACKSONS RUN CITY-ST-ZIP SANTA ROSA BEACH, FL 32459	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Jackson, Sylvia STREET ADDRESS 99 Whispering Pines Ct. CITY-ST-ZIP Santa Rosa Bch, FL 32459	TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Sylvia Jackson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/21/05 Daytime Phone # 850-600-3311	