## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Aug 24, 2005 8:00 am Secretary of State

08-24-2005 90056 029 \*\*\*150.00

352-688*-873*9

Daytime Phone #

Date

DOCUMENT # P04000105985  1. Entity Name L & D'S ITALIAN PASTRY, INC					08-24-2005 90056 029 ***150.00				
Principal Plac	e of Business	Mailing Address			1				
4066 DELTONA BLVD 4066 DELTONA BLVD							14		
SPRING HILL, FL 34606 SPRING HILL, FL 34606			)6		1		5	00631	72
		· · · · · · · · · · · · · · · · · · ·							MM
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07212005	Chg-P	CR2E	34 (10/03)	
City & State		City & State			4. FEI Numb		9 1 2	h	plied For
Zip Country		Zip Cour		itry	1		<u> </u>	\$8.75 Add	t Applicable
				·····	<u> </u>	of Status Desired		Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
FREKEY, EDWARD H									
6195 FREEPORT: DR SPRING HILL, FL 34608				Street Address (P.O. Box Number is Not Acceptable)					
O TOTO	# 94000								
				City		••	FL	Zip Cod	е
8. The above named entity submits this statement for the purpose of changing its registe				I ed office or registe	ered agent, or bo	oth, in the State of F			and accept
the obligat	tions of registered agent.								
SIGNATURE			T. D						
<u></u>	Signature, typed or printed name of registered agen	t and title if applicable. (NO)	t: Registere	d Agent signature require	d when reinstating)	[	DATE		
	LE NOW!!! FEE IS \$550.00 ue by September 7, 2005	9. Election Campa Trust Fund Con	_		.00 May Be ded to Fees				
10.	OFFICERS AND DIRECTORS 1				ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	P	☐ Delete	TITLI					Change	Addition
NAME STREET ADDRESS	CAMPISI, LUCILLE 5032 CYNTHIA LN		NAM STRE	ET ADDRESS					
CITY-ST-ZIP	SPRING HILL, FL 34608			-ST-ZIP					
TITLE	VP	☐ Delete	TITLI	4				Change Change	Addition
NAME STREET ADDRESS	CAMPISI, LOUIS T		NAM	ET ADDRESS //	340 Bel	Hower 5	<b>.</b>		
CITY-ST-ZIP	SPRING HILL, FL 34609			-ST-ZIP	cinc Hil	11tower 5. 11, Fl. 346	08		
TITLE		☐ Delete	TITLI		3,,,,	.,,,,,		Change	Addition
NAME			NAM	Į.					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITU	<u>`</u>				☐ Change	☐ Addition
NAME			NAM	E					
STREET ADDRESS				ET ADORESS			•		
CITY-ST-ZIP		☐ Delete	TITL	-ST-ZIP				☐ Change	☐ Addition
NAME		☐ Delete	NAM					C) Change	Addition
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP					
TITLE NAME		☐ Delete	TITL	h				☐ Change	Addition
STREET ADDRESS				ET ADDRESS					
City-St-Zip			CITY	-ST-ZIP					
12. I hereby indicated of the conchanged	certify that the information supplied wild don this report or supplemental report reporation or the receiver or trustee emp or on an attachment with an address.	th this filing does not qualify for is true and accurate and that sowered to execute this repor- with all other like empowered	or the exe my signa t as requi	imption stated in S ture shall have the ired by Chapter 60	ection 119.07(3) same legal effe 7, Florida Statut	(i), Florida Statutes ct as if made under es; and that my nam	I further ce oath; that I ne appears	rtify that the in am an officer in Block 10 o	nformation or director r Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:



## ATTACHMENT 50063173

August 11, 2005

Division of Corporations P. O. Box 1500 Tallahassee, Fl. 32302-1500

Re: L & D's Italian Pastry # P04000105985 Annual Report

Sirs:

Please accept the \$150.00 renewal fee for the following:

- a.) Corporation is new and did not receive the renewal card.
- b.) The Corporation did receive the late notice.

Sincerely,

Frank Fonzo
Certified Public Accountant

Enclosure