

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081456

Entity Name: EDGEWOOD BAKERY, INC.

FILED
Jan 26, 2008
Secretary of State

Current Principal Place of Business:

1012 SOUTH EDGEWOOD AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

1012 SOUTH EDGEWOOD AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 20-2995416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLETTA, GARY W
1012 S.EDGEWOOD AVE
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: POLLETTA, GARY W
Address: 4737 GLENWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP () Delete
Name: POLLETTA, SANDRA R
Address: 4737 GLENWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: BENNETT, KRYSTI L
Address: 7264 ODIS YARBROUGH RD
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: POLLETTA, GARY R
Address: 8432 US HWY 301
City-St-Zip: BRYCVILLE, FL 32009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY W POLLETTA

PRES

01/26/2008

Electronic Signature of Signing Officer or Director

Date