

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90086 032 ***150.00

DOCUMENT # P06000116714					
1. Entity Name NAPLES BAKERY COMPANY					
Principal Place of Business 15275 COLLIER BLVD STE 201 - BOX 310 NAPLES, FL 34119			Mailing Address 15275 COLLIER BLVD STE 201 - BOX 310 NAPLES, FL 34119		
2. Principal Place of Business - No P.O. Box # 4075 Pine Ridge Rd		3. Mailing Address Suite, Apt. #, etc. Ste 10 and 11			
Suite, Apt. #, etc. Ste 10 and 11		Suite, Apt. #, etc.		03162007 Chg-P CR2E034 (12/06)	
City & State Naples, FL		City & State		4. FEI Number 75-3221833	
Zip 34119		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUGGER, JOHN ESQ 600 5TH AVE SOUTH STE 207 NAPLES, FL 34102			7. Name and Address of New Registered Agent Name: <u>Madera, Angel Jr.</u> Street Address (P.O. Box Number is Not Acceptable): <u>471 18th Ave N.E</u> City: <u>Naples</u> <u>FL</u> Zip Code: <u>34120</u>		
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: <u>Angel Madera Jr</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>		<u>Angel Madera Jr</u> <u>President</u>		<u>3/26/07</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 ✓ After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <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	PSTD MADERA, ANGEL JR <input type="checkbox"/> Delete 15275 COLLIER BLVD - STE 201 - BOX 310 NAPLES, FL 34119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MADERA, ANGEL <input type="checkbox"/> Delete 15275 COLLIER BLVD - STE 201 - BOX 310 NAPLES, FL 34119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, NOEL I <input type="checkbox"/> Delete 15275 COLLIER BLVD - STE 201 - BOX 310 NAPLES, FL 34119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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: <u>Angel Madera Jr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/26/07</u> 239-253-2815 <small>Date Daytime Phone #</small>		