

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000074709

**FILED**  
**Jan 16, 2010**  
**Secretary of State**

**Entity Name:** MUST LOVE PAWS BAKERY, INC.

**Current Principal Place of Business:**

8290 GATE PARKWAY W  
UNIT 310  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

10286 STAPLES MILL RD. #638  
GLEN ALLEN, VA 23060

**Current Mailing Address:**

8290 GATE PARKWAY W  
UNIT 310  
JACKSONVILLE, FL 32216

**New Mailing Address:**

10286 STAPLES MILL RD. #638  
GLEN ALLEN, VA 23060

**FEI Number:** 27-0875807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRECO, GINA A  
8290 GATE PARKWAY W  
UNIT 310  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

GRECO, FRANK J  
1039 SHADY LAKES CIRCLE  
PALM BEACH GARDENS, FL 33418 US

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: FRANK GRECO

01/16/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GRECO, GINA A  
Address: 10286 STAPLES MILL RD. #638  
City-St-Zip: GLEN ALLEN, VA 23060

Title: O  
Name: HOBBS, ADAM T  
Address: 10286 STAPLES MILL RD. #638  
City-St-Zip: GLEN ALLEN, VA 23060

I hereby 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 all other like empowered.

SIGNATURE: ADAM T HOBBS

D

01/16/2010

Electronic Signature of Signing Officer or Director

Date