2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2004 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State			
DOCU	MENT # P930000728	64	- T. T.		Sec	retary (oi State	
1. Entity Nam			ı					
RUDOLPH'S EUROPEAN STYLE RYE BREAD & CAKES, INC.			3					
			Sept Miles					
Principal Place of Business Mailing Address		=						
		6516 PONCE DE LEON BLVD. NORTH PORT, FL 34287						
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				01072004	No Chg-P	CR2E034 (1	0/03)	
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe			Applied For	
				65-023	2804	***	Not Applicable	
, i de la la la de l La dela della d				5. Certificate	of Status Desired	□ \$8.7	5 Additional Required	
	6. Name and Address of Current Re	gistered Agent						
UELLENB	ERG, FRANK							
6516 PONCE DE LEON BLVD.				טט	NOT W	HILE		
NORTH P	ORT, FL 34287			IN T	THIS SF	ACE		
							Sarate	
6 The decis	named entity submits this statement for the							
the obligat	tions of registered agent.	re burbose or changing its register	eo office of fegisti	ered agent, or bot	n, in the State of Fi	orida, Lam tamili	ar with, and accept	
SIGNATURE.					-			
	Signature, typed or printed name of registored agent and	tate if applicable. (NOTE: Register	ed Agent signature requir	ed when reinstating)		DATE		
FII	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina	ncing \$!	5.00 May Be				
After M	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.		ided to Fees				
10.	OFFICERS AND DI	RECTORS						
TITLE NAME	DP							
STREET ADDRESS	UELLENBERG, FRANK 6516 PONCE DE LEON BLVD.		Sakiri (si					
CITY-ST-ZIP	NORTH PORT, FL				02/19/17	(- 60062-0	ta ikn nn	
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NAME						**************************************	agen diture	
STREET ADDRESS CITY-ST-ZIP								
TITLE			- 1					
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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: FRANK U

NAME STREET ADDRESS CITY-ST-ZIP

UELLEN BERG

941-423-8805

Daytime Phone (