

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90006 005 \*\*\*150.00

**DOCUMENT # P94000024205**

1. Entity Name

NAPOLEON BAKERY & DELI, INC.



Principal Place of Business:

NAPOLEON BAKERY-DELI  
3849 S NOVA RD  
PORT ORANGE FL 32127  
US

Mailing Address

NAPOLEON BAKERY-DELI  
3849 S NOVA RD  
PORT ORANGE FL 32127  
US

2. Principal Place of Business

NAPOLEON BAKERY-DELI  
Suite, Apt. #, etc.  
3842 S. NOVA RD.  
City & State  
PORT ORANGE FL

City & State

PORT ORANGE FL

Zip

32127

Country

USA

3. Mailing Address

NAPOLEON BAKERY-DELI  
Suite, Apt. #, etc.  
3842 S. NOVA RD.  
City & State  
PORT ORANGE FL

City & State

PORT ORANGE FL

Zip

32127

Country

USA



MOORE

CR2E034 (4/04)

4. FEI Number

59-3288750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURALE, ALFREDO  
907 BROOKMEADOW DR.  
PORT ORANGE FL 32019

7. Name and Address of New Registered Agent

Name **BURALE ALFREDO**  
Street Address (P.O. Box Number is Not Acceptable)  
**940 VILLAGE TRL - 2 - 208**  
**LAKEHURST VILLAGE**  
City **PORT ORANGE** FL Zip Code **32127**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **BURALE, ALFREDO**  
STREET ADDRESS **3842 S. NOVA ROAD**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **BURALE ALFREDO**  
STREET ADDRESS **3842 S. NOVA RD.**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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: **alfredo Burale pres. - ALFREDO BURALE 7/13/04/386**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #