## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Jan 19, 2005 8:00 am Secretary of State DOCUMENT # P96000062438 01-19-2005 90004 039 \*\*\*150.00 1. Entity Name J & N BREAD, INC. Principal Place of Business Mailing Address 1824 CHERRY RIDGE DR 50003534 1824 CHERRY RIDGE DR HEATHROW, FL 32746 HEATHROW, FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0677584 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSSOLETTI, MARYANN 7644 PINEWALK DR SOUTH (P.O. Box Number is Not Acceptable) MARGATE, FL 33063 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change ☐ Addition NAME ROSSOLETTI, NICHOLAS 1824 Cherry Ridge Drive 7644 PINEWALK DR SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 CITY-ST-ZIP Heathrow, Florida 32746 D TITLE ☐ Delete TITLE Change ☐ Addition ROSSOLETTI, MARYANN NAME NAME 1824 Cherry Ridge Drive STREET ADDRESS 7644 PINEWALK DR SOUTH STREET ADDRESS MARGATE, FL 33063 CITY-ST-ZIP CITY-ST-ZIP Heathrow, Florida 32746 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLĖ TITLE NAME NAME STREET ADDRESS STREET ADDRESS 3 - 2+ \*\* 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

**FILED**