

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90084 006 \*\*\*150.00

DOCUMENT # P97000017989 :

1. Entity Name

CARIBBEAN SUNRISE BAKERY INC.



Principal Place of Business

4106 N. MAIN STREET  
JACKSONVILLE FL 32206

Mailing Address

4106 N. MAIN STREET  
JACKSONVILLE FL 32206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3435724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DALEY, LOUIS  
4106 N MAIN ST  
JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent

Name

Denise Daley

Street Address (P.O. Box Number is Not Acceptable)

4106 N. Main Street

City

Jacksonville

FL

Zip Code

32206

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

Denise Daley

2/17/05

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE : PS ☐ Delete  
NAME : DALEY, LAXLEYVAL  
STREET ADDRESS : 17650 NW 22 AVE  
CITY - ST - ZIP : MIAMI FL 33056

TITLE : VPT ☐ Delete  
NAME : DALEY, LOUIS  
STREET ADDRESS : 4106 N MAIN ST  
CITY - ST - ZIP : JACKSONVILLE FL 32206

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 : Secretary & Treasurer ☐ Change ☒ Addition  
NAME : Denise Daley  
STREET ADDRESS : 4106 N. Main Street  
CITY - ST - ZIP : Jacksonville, FL 32206

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

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

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

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

TITLE : ☐ Change ☐ Addition  
NAME :  
STREET ADDRESS :  
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:

Denise Daley

Denise Daley

2/17/05 (904)355-0405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #