

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90023 027 ***158.75

DOCUMENT # P97000031635

1. Entity Name

OUR DAILY BREAD BOOK STORES INC



Principal Place of Business

1161 HILLSBORO MILE
#201
HILLSBORO BEACH FL 33062

Mailing Address

1161 HILLSBORO MILE
#201
HILLSBORO BEACH FL 33062

4132 NW 114th Avenue

2. Principal Place of Business

4132 NW 114th Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando Springs Florida

City & State

Zip

33065

Country

USA America

Zip

33065

Country

USA America

4. FEI Number **65-0742585**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

SANDHOLZER, GILBERT E II
1161 HILLSBORO MILE
#206
HILLSBORO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$150.00

After May 1, 2004 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	PTS	<input type="checkbox"/> Delete
NAME	SANDHOLZER, GILBERT E II	
STREET ADDRESS	1161 HILLSBORO MILE #201	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANDHOLZER, GILBERT E II	
STREET ADDRESS	1161 HILLSBORO MILE #201	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	<i>Senior Vice President</i>	<input type="checkbox"/> Delete
NAME	<i>Betty Cunningham</i>	
STREET ADDRESS	<i>4132 NW 114th Avenue</i>	
CITY-ST-ZIP	<i>Orlando Springs FL 33065</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>Senior Vice President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Betty Cunningham</i>	
STREET ADDRESS	<i>4132 NW 114th Avenue</i>	
CITY-ST-ZIP	<i>Orlando Springs FL 33065</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gilbert E. Sandholzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 24 2004 9542552155

Date

Daytime Phone #