

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90554 040 ***150.00

DOCUMENT # P98000030262 1. Entity Name SOUTHERN COUNTY BAKERY WHOLESALER INC.					
Principal Place of Business 1104 SE 14 CT DEERFIELD BEACH, FL 33441			Mailing Address 1104 SE 14 CT DEERFIELD BEACH, FL 33441		
2. Principal Place of Business 1104 S.E. 14 COURT Suite, Apt. #, etc.		3. Mailing Address 1104 S.E. 14 COURT Suite, Apt. #, etc.		 03282005 Chg-P CR2E034 (10/03)	
City & State DEERFIELD BCH FL		City & State DEERFIELD BCH FL			
Zip Country 33441 BROWARD		Zip Country 33441 BROWARD			
4. FEI Number 65-0825198				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PETERS, BRIAN J 3341 CELEBRATION LANE MARGATE, FL 33063	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1104 S.E. 14 COURT City DEERFIELD BCH FL Zip Code 33441					
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:  DATE: 4/17/05 <small>Signature, typed, and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PETERS, BRIAN J 1104 SE 14 CT DEERFIELD BEACH, FL 33441			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  4/17/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					