

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000044125

1. Entity Name
INTERNATIONAL BAKERY PRODUCTS, INC.



Principal Place of Business
**6962 SYLVAN WOODS DRIVE
SANFORD, FL 32771-6439**

Mailing Address
**6962 SYLVAN WOODS DRIVE
SANFORD, FL 32771-6439**



02052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3580054	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

**PITSCHMAN, PATRICIA A
6962 SYLVAN WOODS DRIVE
SANFORD, FL 32771-6439**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**1100000426533
02/20/06-80048-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PITSCHMAN, ERNEST R JR
STREET ADDRESS	6962 SYLVAN WOODS DR
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	VP
NAME	PATRICIA, PITSCHMAN
STREET ADDRESS	6962 SYLVAN WOODS DR
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Patricia Pitschman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 6, 2006 *(407) 328-9114*
Date Daytime Phone #