

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90032 044 \*\*\*150.00

**DOCUMENT # P99000082961**

1. Entity Name

**BAVARIAN BREAD, INC.**



Principal Place of Business

1919 SOUTHWOOD STREET  
SARASOTA FL 34231  
US

Mailing Address

1919 SOUTHWOOD STREET  
SARASOTA FL 34231  
US

2. Principal Place of Business

*5900 South Tamiami Trail*

3. Mailing Address

*5900 S. Tamiami Trail*

Suite, Apt. #, etc.

*D*

Suite, Apt. #, etc.

*D*

City & State

*Sarasota FL*

City & State

*Sarasota FL*

Zip

*34231*

Country

Zip

*34231*

Country

4. FEI Number

**59-3598672**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

**40010314**



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**LEWIS, KURT F**  
**6624 GATEWAY AVENUE**  
**SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name *Bavarian Bread*

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

*5900 South Tamiami Trail*

City

*Sarasota FL 34231*

FL

Zip Code

*34231*

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

*N. Bergs President*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*2 4 5*

**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	P	<input type="checkbox"/> Delete
NAME	BERGBAUER, NIKOLAUS	
STREET ADDRESS	1919 SOUTH WOOD STREET	
CITY-ST-ZIP	SARASOTA FL 34231	

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		

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>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Bergbauer Nikolaus Bavarian Bread</i>	
STREET ADDRESS	<i>5900 South Tamiami Trail</i>	
CITY-ST-ZIP	<i>Sarasota FL 34231</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		

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:

*N. Bergs President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #