

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90060 003 ***150.00

DOCUMENT # P99000099348

1. Entity Name
FRENCH BREAD OVEN, INC.



Principal Place of Business
**8793 TAMiami TRAIL E
ST. ANDREWS SQUARE, #105
NAPLES, FL 34113**

Mailing Address
**8793 TAMiami TRAIL E
ST. ANDREWS SQUARE, #105
NAPLES, FL 34113**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3642962	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

**GUEIT, DENIS J
8793 TAMiami TRAIL E
ST. ANDREWS SQUARE, #105
NAPLES, FL 34113**

**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 _____

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUEIT, IRENE 800 ST. ANDREWS BLVD. NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUEIT, CELINE 800 ST. ANDREWS BLVD. NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUEIT, ANNE-SOPHIE 800 ST. ANDREWS BLVD. NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-05

Date

239.793.3249

Daytime Phone #