

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90031 030 \*\*\*150.00

**DOCUMENT # 266021**

1. Entity Name

**FACT-O-BAKE, INC.**



Principal Place of Business

**921 LAKESIDE DR  
MOBILE AL 36693**

Mailing Address

**PO BOX 9465  
MOBILE AL 36691**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1006785**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

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, 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** ☒ Delete  
NAME **TAYLOR, J.R.**  
STREET ADDRESS **921 LAKESIDE DR**  
CITY-ST-ZIP **MOBILE AL 36693**

TITLE **V** ☐ Delete  
NAME **GUICE, LOUIS N.**  
STREET ADDRESS **1009 HIGHPOINT CT**  
CITY-ST-ZIP **MOBILE AL**

TITLE **ST** ☐ Delete  
NAME **GUICE, MOLLY L.**  
STREET ADDRESS **1009 HIGHPOINT CT**  
CITY-ST-ZIP **MOBILE AL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Vice Pres** ☐ Change ☒ Addition  
NAME **Tracey H Johnson**  
STREET ADDRESS **438 Meander Lane**  
CITY-ST-ZIP **Cantonment, FL 32533**

TITLE **Vice Pres** ☐ Change ☒ Addition  
NAME **Margaret T. Smith**  
STREET ADDRESS **11064 Tralee Court South**  
CITY-ST-ZIP **Jacksonville, FL 32221**

TITLE **Vice Pres** ☐ Change ☒ Addition  
NAME **Douglas R. Taylor**  
STREET ADDRESS **3615 ReBee Point DR**  
CITY-ST-ZIP **Theodore, AL 36582**

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:**

*Louis N. Guice*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Louis N. Guice**

**4-4-2005**

**251-666-2408**

Date

Daytime Phone #