


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90085 029 ***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 <input type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E034 (10/05)

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				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	P	<input type="checkbox"/> Delete	TITLE	P/Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GUICE, LOUIS N.		NAME	Guice, Louis N.			
STREET ADDRESS	1009 HIGHPOINT CT		STREET ADDRESS	1009 Highpoint CT			
CITY-ST-ZIP	MOBILE AL		CITY-ST-ZIP	Mobile, AL 36693			
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GUICE, MOLLY L.		NAME				
STREET ADDRESS	1009 HIGHPOINT CT		STREET ADDRESS				
CITY-ST-ZIP	MOBILE AL		CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOHNSON, TRACEY H		NAME				
STREET ADDRESS	438 MEANDER LANE		STREET ADDRESS				
CITY-ST-ZIP	CANTONMENT FL 32533		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP/Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SMITH, MARGARET T		NAME	Smith, Margaret T.			
STREET ADDRESS	11064 TRALEE COURT SOUTH		STREET ADDRESS	11064 Tralee Court South			
CITY-ST-ZIP	JACKSONVILLE FL 32221		CITY-ST-ZIP	Jacksonville, FL 32221			
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP/Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TAYLOR, DOUGLAS R		NAME	Taylor, Douglas R.			
STREET ADDRESS	3615 BEBEE POINT DR		STREET ADDRESS	3615 Beebee Point DR			
CITY-ST-ZIP	THEODORE AL 36582		CITY-ST-ZIP	Theodore, AL 36582			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Louis N. Guice, Pres** **4-4-06** **251-666-2408**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #