


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1006785	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 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324

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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUICE, LOUIS N 1009 HIGHPOINT CT MOBILE, AL 36693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUICE, MOLLY L 1009 HIGHPOINT CT MOBILE, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, MARGARET T 11064 TRALEE COURT SOUTH JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAYLOR, DOUGLAS R 3615 BEBEE POINT DR THEODORE, AL 36582
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000847552
03/19/08-80025-003 \$150.00

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 the 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 **3-3-08** **251-666-2408**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #