

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000059

FILED
Mar 30, 2009
Secretary of State

Entity Name: BRUEGGER'S ENTERPRISES, INC.

Current Principal Place of Business:

159 BANK ST.
BURLINGTON, VT 05401

New Principal Place of Business:

Current Mailing Address:

159 BANK ST.
BURLINGTON, VT 05401

New Mailing Address:

P.O. BOX 1082
BURLINGTON, VT 05402

FEI Number: 20-0081464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: GRECO, JAMES
Address: 159 BANK ST.
City-St-Zip: BURLINGTON, VT 05401

Title: PRES () Delete
Name: AUSTIN, DAVID
Address: 159 BANK ST.
City-St-Zip: BURLINGTON, VT 05401

Title: ASEC () Delete
Name: COLES, MARK
Address: 159 BANK ST.
City-St-Zip: BURLINGTON, VT 05401

Title: DIR () Delete
Name: ARCHAMBAULT, MIKE
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: DIR () Delete
Name: METZ, CHRIS
Address: 5200 TOWN CENTER CIR. SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: SKILLEN, R. LYNN
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: PARETTE, ROBERT D
Address: 159 BANK STREET
City-St-Zip: BURLINGTON, VT 05401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK R. COLES

Electronic Signature of Signing Officer or Director

ASEC

03/30/2009

_____ Date