

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 337958

FILED
Jan 04, 2007
Secretary of State

Entity Name: HOMESTEAD POLE BEAN COOPERATIVE, INC.

Current Principal Place of Business:

26000 SOUTH FEDERAL HWY
P.O. BOX 322248
HOMESTEAD, FL 33032 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 322248
HOMESTEAD, FL 330321548 US

New Mailing Address:

FEI Number: 59-1234713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOREK, THOMAS
26000 S. DIXIE HIGHWAY
HOMESTEAD, FL 33032 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: D () Delete
Name: BOREK, RICHARD,
Address: 11490 SW 238 TERR
City-St-Zip: PRINCETON, FL 33032

Title: D () Delete
Name: DUNAGAN, LARRY,
Address: 14975 SW 232ND ST
City-St-Zip: GOULDS, FL 33170

Title: T () Delete
Name: BOREK, JOSEPH E. JR.,
Address: 600 N.E. 14TH ST.
City-St-Zip: HOMESTEAD, FL

Title: S () Delete
Name: FISHMAN, YALE
Address: 13661 DEERING BAY DRIVE
City-St-Zip: MIAMI, FL 33158

Title: D () Delete
Name: HEDIGER, WAYNE
Address: 24155 S.W. 152ND AVENUE
City-St-Zip: HOMESTEAD, FL 33187

Title: D () Delete
Name: BOREK, STEVEN
Address: 12110 SW 248 STREET
City-St-Zip: PRINCETON, FL 33032

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS BOREK

P

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date