

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005132

FILED  
Jan 31, 2012  
Secretary of State

Entity Name: HEALTHY BAKER, INC.

**Current Principal Place of Business:**

480 WEST LOWDER STREET  
MACCLENNY, FL 32063

**New Principal Place of Business:**

**Current Mailing Address:**

480 WEST LOWDER STREET  
MACCLENNY, FL 32063

**New Mailing Address:**

FEI Number: 76-0792342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KITCHING, SAM  
480 WEST LOWDER STREET  
MACCLENNY, FL 32063 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BRANCH, TONIA  
Address: 7658 GLYNN ALLY N ROAD  
City-St-Zip: MACCLENNY, FL 32063

Title: ST  
Name: KITCHING, SAM  
Address: 614 LAVERNE STREET  
City-St-Zip: MACCLENNY, FL 32063

Title: V  
Name: CARDOZA, JAMES DR  
Address: 1437 6TH ST  
City-St-Zip: MACCLENNY, FL 32063

Title: D  
Name: STEWART, SAMANTHA  
Address: 11169 CEDAR CRK FARMS RD  
City-St-Zip: GLEN SAINT MARY, FL 32040

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMANTHA STEWART

D

01/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date