2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2012
Secretary of State

DOCUMENT# N10000006322

Entity Name: BUSTER'S & FOSTER'S HAVEN, INC

Current Principal Place of Business:

11186 MIRAGE AVE
WEEKI WACHEE, FL 34614 US

New Principal Place of Business:

Current Mailing Address:

11186 MIRAGE AVE
WEEKI WACHEE, FL 34614 US

New Mailing Address:

P.O. BOX 100095
BROOKSVILLE, FL 34603 US

FEI Number: 27-2972978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KALLAI, KRISZTINA
11186 MIRAGE AVE
WEEKI WACHEE, FL 34614 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: BARTLETT, BRIAN
Address: 4840 110TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33708 US

Title: F/D
Name: KALLAI, KRISZTINA
Address: P.O. BOX 100095
City-St-Zip: BROOKSVILLE, FL 34603 US

Title: VP
Name: LAUREN, BERTKE
Address: P.O. BOX 100095
City-St-Zip: BROOKSVILLE, FL 34603 US

Title: TRES
Name: KALLAI, ANIKO
Address: 11186 MIRAGE AVE
City-St-Zip: WEEKI WACHEE, FL 34614 US

Title: CO-D
Name: ERIC, BROENNLE
Address: P.O. BOX 100095
City-St-Zip: BROOKSVILLE, FL 34603 US

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: KRISZTINA KALLAI F/D 03/31/2012
Electronic Signature of Signing Officer or Director Date