

FILED
Apr 28, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000048808

1. Entity Name
NEW HARVEST BAKERY, INC.



Principal Place of Business
**6828 ALOMA AVE
WINTER PARK, FL 32792**

Mailing Address
**6828 ALOMA AVE
WINTER PARK, FL 32792**

DO NOT WRITE IN THIS SPACE



04262006 No Chg P CR2E034 (11/05)

4. FEI Number
59-3358977

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KING, BARBARA
910 HEDGEWOOD CT
WINTER PARK, FL 32792**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this document 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

(Name, type or office of registered agent, and title of entity)

(NOTE: Registered agent signature is obtained on separate filing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May be
Added to Fee**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
KING, BARBARA S
910 HEDGEWOOD CT
WINTER PARK, FL 32792**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
COLE, RICHARD A
910 HEDGEWOOD CT
WINTER PARK, FL 32792**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/10/06-80124-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Chapter 103, 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 in the office of the Secretary of State or the corporation or the individual or trustee empowered to execute this report as required by Chapter 107, Florida Statutes; and that my name appears in Block 10 or Block 11 of this filing, or on an attachment with an address, with all other the empowered

SIGNATURE:

Barbara S King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06
DATE

Electronic Filing