

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90188 045 ***150.00

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1. Entity Name

W.H. BREADING & SON (FLORIDA), INC.



Principal Place of Business

1135 PASADENA AVE S.
#208
SAINT PETERSBURG FL 33707
US

Mailing Address

1135 PASADENA AVE S.
#208
SAINT PETERSBURG FL 33707
US

2. Principal Place of Business - No P.O. Box #

AS ABOVE

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 05-0607018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRUG, ROBERT ESQ.
4010 BOY SCOUT BLVD.
SUITE 590
TAMPA FL 33607

Name

KEITH JAMES BREADING

Street Address (P.O. Box Number is Not Acceptable)

1135 PASADENA AV S

208

City

ST PETERSBURG

FL

Zip Code

33707

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

KEITH JAMES BREADING

03-16-07

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS

CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BREADING, KEITH J
STREET ADDRESS 6226 PASADENA POINT BLVD SOUTH
CITY ST-ZIP SAINT PETERSBURG FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BREADING, LENA DOREEN
STREET ADDRESS 6226 PASADENA POINT BLVD SOUTH
CITY ST-ZIP SAINT PETERSBURG FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like exemptions.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH JAMES BREADING

Date

3-16-07 7277435727

Daytime Phone #