


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90219 015 ***150.00

DOCUMENT # P04000148166 1. Entity Name MWB FARMS, INC.					
Principal Place of Business 2680 AHUROS LOOP RD AHUROS, FL 33830			Mailing Address 635 ALICE PL BARTOW, FL 33830		
2. Principal Place of Business - No P.O. Box # 2680 Alturos Loop Road		3. Mailing Address Post Office Box 247			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Bartow Florida		City & State Alturas Florida		4. FEI Number 11-3734153	
Zip 33830		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33820		Country USA		6. Name and Address of Current Registered Agent BAKER, WENDI E 635 ALICE PL BARTOW, FL 33830	
7. Name and Address of New Registered Agent Name 		Street Address (P.O. Box Number is Not Acceptable) 2680 Alturas Loop Road			
City Bartow		State FL		Zip Code 33830	
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 <u>Wendie E Baker</u> DATE <u>1-7-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BAKER, MICHAEL G 635 ALICE PL BARTOW, FL 33830	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2680 Alturas Loop Road
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPT BAKER, WENDI E 635 ALICE PL BARTOW, FL 33830	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2680 Alturas Loop Road
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.					
SIGNATURE: <u>Michael G. Baker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/7/07</u> Daytime Phone # <u>888-557-4470</u>		

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01062007 Chg-P CR2E034 (12/06)

4. FEI Number
11-3734153
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

Name

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

City

State

Zip Code

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DATE

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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SIGNATURE

DATE

Daytime Phone #