

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90027 044 \*\*\*150.00

**DOCUMENT # P05000145925**

1. Entity Name

THE HOLY CITY BAKERY, INC.



Principal Place of Business

5025 E FOWLER AVE  
#7  
TAMPA, FL 33617

Mailing Address

5025 E FOWLER AVE  
#7  
TAMPA, FL 33617

40000100



02162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3744286

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, DEBRA P  
2022 SAGE LANE  
TITUSVILLE, FL 32796

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAHDI, AMEEN
STREET ADDRESS	1101 PANACEA BLVD #304
CITY-ST-ZIP	NEW PORT, FL 34289
TITLE	D
NAME	<del>HASZ, JAWAD</del>
STREET ADDRESS	<del>2014 RANGLER DR</del>
CITY-ST-ZIP	<del>BRANDON, FL 33511</del>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-07 813-380-7626

Date

Daytime Phone #