

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000004153

1. Entity Name
MOM'S BREAST FRIEND, INC.



Principal Place of Business
62 FOREST WOOD COURT
SPRING HILL, FL 34609

Mailing Address
62 FOREST WOOD COURT
SPRING HILL, FL 34609



03192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4165225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WELLS, DEIRDRE
62 FOREST WOOD COURT
SPRING HILL, FL 34609

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000350455
06/03/08-80070-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPVP
NAME	WELLS, DEIRDRE
STREET ADDRESS	62 FOREST WOOD COURT
CITY-ST-ZIP	SPRING HILL, FL 34609

TITLE	ST
NAME	WELLS, DEIRDRE
STREET ADDRESS	62 FOREST WOOD COURT
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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

DEIRDRE WELLS

X 4/2/08

Date

352-786-1645

Daytime Phone #