2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000095172

Entity Name: HARN DONUTS, INC.

Address:

City-St-Zip:

12 WINDING RIDGE WAY

WARREN, NJ 07059 US

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2577 HARN BLVD CLEARWATER, FL 33764 US **Current Mailing Address: New Mailing Address:** 2551 GULF TO BAY BLVD 1822 N BELCHER ROAD SUITE 100 CLEARWATER, FL 33759 US CLEARWATER, FL 33759 FEI Number: 20-5222524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: PATEL, VIKALP PATEL, VIKALP 2551 GULF TO BAY BLVD 1822 N BELCHER ROAD SUITE 100 CLEARWATER, FL 33765 US CLEARWATER, FL 33765 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. SIGNATURE: 04/28/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition PATEL, VIKALP Name: Name: PATEL, VIKALP 2551 GULF TO BAY BLVD 1822 N BELCHER ROAD SUITE 100 Address: Address: City-St-Zip: CLEARWATER, FL 33765 US City-St-Zip: CLEARWATER, FL 33765 US () Delete VΡ Title: VΡ Title: (X) Change () Addition Name: PATEL. SNEHA Name: PATEL. SNEHA 3021 STATE ROAD 590 APT # 219 1822 N BELCHER ROAD SUITE 100 Address: Address: CLEARWATER, FL 33759 US CLEARWATER, FL 33765 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition PATEL, RUPAL Name: Name: 12 WINDING RIDGE WAY Address: Address: City-St-Zip: WARREN, NJ 07059 US City-St-Zip: Title: () Delete Title: () Change () Addition MEHTA, NIRAV Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: VIKALP PATEL P D 04/28/2009