

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90015 019 ***150.00

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DOCUMENT # P96000007891 1. Entity Name WORKING COW HOMEMADE, INC.			
Principal Place of Business 5150 ULMERTON ROAD SUITE 15 CLEARWATER, FL 33760		Mailing Address 5150 ULMERTON ROAD SUITE 15 CLEARWATER, FL 33760	
2. Principal Place of Business 4711 34th Street N Suite, Apt. #, etc. Unit F City & State St Petersburg FL Zip 33714 Country Pinellas		3. Mailing Address 4711 34th Street N Suite, Apt. #, etc. Unit F City & State St Petersburg FL Zip 33714 Country Pinellas	
4. FEI Number 59-3360302		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAPPAS, TIMOTHY G 4525 COLUMBUS WAY SOUTH ST. PETERSBURG, FL 33712		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____	
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 <i>Timothy G Pappas</i> Pres DATE 7-26-06 <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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete PAPPAS, TIMOTHY 4525 COLUMBUS WAY SOUTH SAINT PETERSBURG, FL 33712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Timothy G Pappas</i> Timothy G Pappas		Date 7-26-06 Daytime Phone # 727 572 7251	