

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90178 041 ***150.00

DOCUMENT # P96000049643

1. Entity Name

HOM-LYKE BAKING COMPANY, INC.



Principal Place of Business

1013 N. RAILROAD AVENUE
WEST PALM BEACH, FL 33401

Mailing Address

1013 N. RAILROAD AVENUE
WEST PALM BEACH, FL 33401



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0682333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALDARRIAGA, MARIA
1701 N. FLAGLER DRIVE, APT. 8
WEST PALM BEACH, FL 33407

**NEW ADDRESS: 13814 Sandridge Road
Palm Beach Gardens, FL 33418**

**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

Maria Saldarriaga

Signature, typed or printed name of registered agent and title if applicable.

(NOTE) Registered Agent signature required when reinstating

DATE

04-17-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME SALDARRIAGA, MARIA F
STREET ADDRESS 1013 RAILROAD AVENUE - NORTH
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE V
NAME SALDARRIAGA, GUILLERMO J
STREET ADDRESS 1013 RAILROAD AVENUE - NORTH
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
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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:

Maria Saldarriaga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-06 561/683.2900

Date

Daytime Phone #