

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000039026

Entity Name: COLD BAG, INC.

FILED
Apr 08, 2006
Secretary of State

Current Principal Place of Business:

2025 N. DOVER RD.
DOVER, FL 33527 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7628
OXNARD, CA 93031

New Mailing Address:

FEI Number: 59-3444016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPERRY, BRUCE J
1003 S. ALEXANDER ST., STE. 1
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BORCHARD, JOHN G
Address: 2025 N. DOVER ROAD
City-St-Zip: DOVER, FL 33527 US

Title: PTD () Delete
Name: BORCHARD, JAMES A
Address: 1600 BEACON PLACE
City-St-Zip: OXNARD, CA 93033

Title: D () Delete
Name: GRESSER, JACK
Address: 521 E. MAIN ST
City-St-Zip: SANTA MARIA, CA 93454

Title: D () Delete
Name: DOUD, DERRICK
Address: 1284 W. MAIN STREET
City-St-Zip: SANTA MARIA, CA 93454

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PTD (X) Change () Addition
Name: BORCHARD, JAMES A
Address: 1601 EMERSON AVE.
City-St-Zip: OXNARD, CA 93033

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JAMES BORCHARD

PTD

04/08/2006

Electronic Signature of Signing Officer or Director

Date