

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000039026

FILED
Mar 24, 2009
Secretary of State

Entity Name: COLD BAG, INC.

Current Principal Place of Business:

13058 GORE ROAD
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: 13058 GORE ROAD
City-St-Zip: DOVER, FL 33527 US

Title: PTD () Delete
Name: BORCHARD, JAMES A
Address: 2601 CAMINO DEL SOL
City-St-Zip: OXNARD, CA 93030

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: DOUD, DERRICK
Address: 1284 W. MAIN ST
City-St-Zip: SANTA MARIA, CA 93458

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

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 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

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date