


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000053000 1. Entity Name WALDBIESER FOODS, INC.	
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Principal Place of Business 2601-13TH ST ST CLOUD, FL 34769	Mailing Address 2601-13TH ST ST CLOUD, FL 34769
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01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3517441	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 WALDBIESER, JOHN 1217 WEST VINE STREET KISSIMMEE, FL 34741
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALDBIESER, JOHN 4181 CITRUS STREET KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALDBIESER, SHIRLEY 4181 CITRUS STREET KISSIMMEE, FL 34741
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**DO NOT WRITE
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: J. Wald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-06
Date

407-892-1881
Daytime Phone #