

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000072903



1. Entity Name

EDUCARE NATURAL FOODS AND BREAD OF LIFE BAKE SHOP, INC.

Principal Place of Business

**6100-G W. FAIRFIELD DR.
PENSACOLA FL 32506**

Mailing Address

**6100-G W. FAIRFIELD DR.
PENSACOLA FL 32506**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-3607033**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, JULIE B
2012 N. 61ST AVE.
PENSACOLA FL 32506-3462**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JONES, JULIE B 2012 N 61 AVE PENSACOLA FL 32506 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JONES, D P 2012 N 61 AVE PENSACOLA FL 32506 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JONES, PATRICIA A 2012 N 61 AVE PENSACOLA FL 32506 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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02/14/07-80034-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07 850-380-7519
Date Daytime Phone #