



Companies House

AR01 (ef)

Annual Return



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Company Name: **HALF MOON HEALTH FOODS LIMITED**

Company Number: **04722377**

Date of this return: **03/04/2014**

SIC codes: **47290**

Company Type: **Private company limited by shares**

Situation of Registered Office: **6 HALF MOON STREET
HUDDERSFIELD
WEST YORKSHIRE
HD1 2JJ**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **JUDITH ANN**

Surname: **BERESFORD**

Former names:

Service Address: **22 OAKES LANE
BROCKHOLES
HOLMFIRTH
WEST YORKSHIRE
HD9 7AR**

Company Director **1**

Type: **Person**

Full forename(s): **JUDITH ANN**

Surname: **BERESFORD**

Former names:

Service Address: **22 OAKES LANE
BROCKHOLES
HOLMFIRTH
WEST YORKSHIRE
HD9 7AR**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **20/03/1950**

Nationality: **BRITISH**

Occupation: **GROCER**

Company Director **2**

Type: **Person**

Full forename(s): **ADRIAN JOHN**

Surname: **MIDGLEY**

Former names:

Service Address: **22 OAKES LANE
BROCKHOLES
HOLMFIRTH
WEST YORKSHIRE
HD9 7AR**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **18/02/1955**

Nationality: **BRITISH**

Occupation: **GROCER**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	200
		<i>Aggregate nominal value</i>	200
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

FULL VOTING AND RIGHTS TO DIVIDENDS AND SURPLUS

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	200
		<i>Total aggregate nominal value</i>	200

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 03/04/2014 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : 100 ORDINARY shares held as at the date of this return
Name: A J MIDGLEY

Shareholding 2 : 100 ORDINARY shares held as at the date of this return
Name: J A BERESFORD

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.