


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # G72465
 1. Entity Name
ADRIAN C. FLETCHER FARMS, INC.



Principal Place of Business
**3612 JUNIPER RD
 QUINCY, FL 32351**

Mailing Address
**POST OFFICE BOX 70
 GREENSBORO, FL 32330-0070**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2354576 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VICE, PATRICIA F
 250 EDWIN CLARK RD
 QUINCY, FL 32351**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VICE, PATRICIA F 250 EDWIN CLARK RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRIDGES, JANET F 128 MATTHEW CLARK RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FENN, ROSALYN F 1372 PROVIDENCE RD. QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, A. CLARK 511 HOPKINS LANDING RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, GLENDA F 338 HOLMES BLVD. FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000634476
 02/22/07-80012-003 150.00

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: *Patricia F Vice* **1-16-07** ^{8:30} **442 4041**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #