


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # G72465 1. Entity Name ADRIAN C. FLETCHER FARMS, INC.	
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Principal Place of Business 3612 JUNIPER RD QUINCY, FL 32351	Mailing Address POST OFFICE BOX 70 GREENSBORO, FL 32330-0070
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2354576	Applied For Not Applicable
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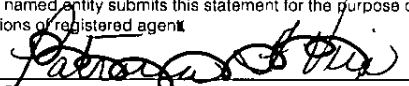
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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:  (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

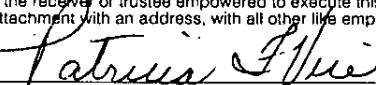
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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	

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000000906568
02/06/08-80047-022 150.00

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 life empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/24/08 Daytime Phone #: 850 4426434