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**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

07-05-2007 90059 040 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |                                                                                                                                                                                                                               |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P96000065933</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          |                                                                                                                                              |                                                                   |
| 1. Entity Name<br><b>MCTEER FARMS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |                                                                                                                                                                                                                               |                                                                   |
| Principal Place of Business<br><b>3152 BEAUCHAMP CT<br/>WINTER HAVEN, FL 33884</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          | Mailing Address<br><b>3152 BEAUCHAMP CT<br/>WINTER HAVEN, FL 33884</b>                                                                                                                                                        |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br><b>3152 Beauchamp Ct.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          | 3. Mailing Address<br><b>3152 Beauchamp Ct.</b>                                                                                                                                                                               |                                                                   |
| Subs. Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          | Subs. Apt. #, etc.                                                                                                                                                                                                            |                                                                   |
| City & State<br><b>Winter Haven FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          | City & State<br><b>Winter Haven FL</b>                                                                                                                                                                                        |                                                                   |
| Zip<br><b>33884</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          | Country<br><b>U.S.</b>                                                                                                                                                                                                        |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>MCTEER, HAROLD B<br/>3152 BEAUCHAMP CT<br/>WINTER HAVEN, FL 33884</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ DATE <b>7-3-07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rotating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          |                                                                                                                                                                                                                               |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                  |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b> <input type="checkbox"/> Delete<br><b>MCTEER, HAROLD B<br/>3152 BEAUCHAMP CT<br/>WINTER HAVEN, FL 338841205</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b> <input type="checkbox"/> Delete<br><b>MCTEER, MARY H<br/>3152 BEAUCHAMP CT<br/>WINTER HAVEN, FL 338841205</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Mary H. McTeer</u> <b>Mary H. McTeer</b> <b>7-3-07</b> <b>863-318-8558</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |                                                                                                                                                                                                                               |                                                                   |

40122861



07022007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**59-3416688**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fees Required**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 20079. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.**10. OFFICERS AND DIRECTORS**

|                                                |                                                                                                        |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br>MCTEER, HAROLD B<br>3152 BEAUCHAMP CT<br>WINTER HAVEN, FL 338841205 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br>MCTEER, MARY H<br>3152 BEAUCHAMP CT<br>WINTER HAVEN, FL 338841205   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Mary H. McTeer **Mary H. McTeer** **7-3-07** **863-318-8558**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #