

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90020 008 ****61.25

DOCUMENT # N03000005851	
1. Entity Name IDLE HOUR FARM, INC.	

Principal Place of Business 15835 IMPERIAL POINT LANE WELLINGTON, FL 33414	Mailing Address 15835 IMPERIAL POINT LANE WELLINGTON, FL 33414
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05072007 Chg-NP CR2E037 (12/06)

4. FEI Number 01-0791177		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPILLANE, J. P. 12788 W FOREST HILL BLVD STE 2005 WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Don Patterson Street Address (P.O. Box Number is Not Acceptable) 15835 Imperial Point Lane City Wellington FL Zip Code 33414	
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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 Don Patterson Don Patterson DVT 5/7/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SIMMONS, ALLENE 15835 IMPERIAL POINT LANE WELLINGTON, FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT PATTERSON, DON 15835 IMPERIAL POINT LANE WELLINGTON, FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEELY, TAMARA 4554 PALM BREEZE TRAIL WELLINGTON, FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINE, NORMA 11730 ST. ANDREWS PLACE, #203 WELLINGTON, FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, CAROL 14224 STROLLER WAY WELLINGTON, FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALLIERE, PAUL 13833 WELLINGTON TRACE, #E4 WELLINGTON, FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 617, 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: Alleene Simmons Alleene Simmons 5/7/07 917-865-7037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #