2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 08, 2008 8:00 am DOCUMENT # H86290 Secretary of State 1. Entity Name 02-08-2008 90033 015 ***150.00 D & M BULB FARM, INC. Principal Place of Business Mailing Address 188 HARRISON RD. 188 HARRISON RD LAKE PLACID FL 33852 LAKE PLACID FL 33852 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2594828 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOWRY, CHERYL H Street Address (P.O. Box Number is Not Acceptable) 158 HARRISON RD LAKE PLACID FL 33852 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 Signature, typed or printed tienso of registered about and she if applicable. (NOTE: Registered Agent egicature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. David P. HARRISON TITLE Delete TITLE ☐ Addition NAME HARRISON, DAVID P NAME 1743 Citaled Road 156 HARRISON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP AKE Placid, Floridg: 33852 TITLE De:ete TITLE Change ☐ Addition ena G. Harrison HARRISON, LENA G NAME NAME 1743 citidel Road STREET ADDRESS 156 HARRISON RD STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-7/P ALL PLACED P1.33852 TILLE ☐ De⊧ete TITLE Change Addition NAME LOWRY, CHERYL NAME STREET ADDRESS 188 HARRISON RD STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change noitibin [NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7P HULF Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report strue 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 receive or trustee employment to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11

ss, with all other like empowered

of the corporation or the receive or trustee if changed, or on an attachment with an ad-

SIGNATURE

FILED