

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V07456

Entity Name: BO-LO FARMS, INC.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1400 NW 150 AVENUE  
OCALA, FL 34482 US

**New Principal Place of Business:**

1000 NW 150 AVENUE  
OCALA, FL 34482 US

**Current Mailing Address:**

P.O. BOX 771163  
OCALA, FL 34477 US

**New Mailing Address:**

FEI Number: 59-3102456      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUDZINSKI, ROBERT W  
1000 NW 150 AVENUE  
OCALA, FL 34482 US

**Name and Address of New Registered Agent:**

KAPLAN, SHARON B  
1245 SW 37 PLACE ROAD  
OCALA, FL 34471 US

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.

SIGNATURE: SHARON KAPLAN

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BUDZINSKI, ROBERT W  
Address: PO BOX 771163  
City-St-Zip: OCALA, FL 34477 US

Title: D  
Name: BUDZINSKI, MARY L  
Address: PO BOX 771163  
City-St-Zip: OCALA, FL 34477 US

Title: D  
Name: KAPLAN, SHARON B  
Address: 1245 SW 37 PLACE ROAD  
City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARON KAPLAN

D

01/05/2011

Electronic Signature of Signing Officer or Director

Date