

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F32843

Entity Name: CRABTREE FARMS, INC.**Current Principal Place of Business:**1307 E. WALLACE STREET
BELLE ISLE, FL 32809**Current Mailing Address:**1307 E. WALLACE STREET
BELLE ISLE, FL 32809 US**FEI Number:** 59-2360955**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAFLEY, PATRICIA
1307 E. WALLACE STREET
BELLE ISLE, FL 32809 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:** PATRICIA HAFLEY

02/02/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	S, VP, D
Name	MILLER, HYDE
Address	1301 SOUTH RAMONA AVE.
City-State-Zip:	INDIALANTIC FL 32903

Title	TD
Name	DOSSEY, VIC
Address	61 GLENDALE DR
City-State-Zip:	WAYNESVILLE NC 28786

Title	PRESIDENT
Name	HAFLEY, PATRICIA
Address	1307 E. WALLACE ST.
City-State-Zip:	BELLE ISLE FL 32809

Title	DIRECTOR
Name	CLANTON , JAMES
Address	506 CRABTREE FARM ROAD
City-State-Zip:	CLYDE NC 28721

Title	DIRECTOR
Name	GEBHART, GEORGE
Address	8820-123RD /WAT
City-State-Zip:	/SENUBIKE FL 33772

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: VICTOR DOSSEY**TREASURER**

02/02/2018

Electronic Signature of Signing Officer/Director Detail

Date