

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G52892

**Entity Name:** FOX LEA FARM, INC.

**Current Principal Place of Business:**

C/O LINDA S. ALDRICH  
800 NORTH AUBURN ROAD  
VENICE, FL 34292

**Current Mailing Address:**

C/O LINDA S. ALDRICH  
P O BOX 400  
VENICE, FL 34284

**FEI Number:** 59-2307231

**Certificate of Status Desired:** Yes

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

ALDRICH, LINDA SP  
609 FOUR BAYS DRIVE  
NOKOMIS, FL 34275 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DPT  
Name ALDRICH, LINDA S.  
Address 609 FOUR BAYS DRIVE  
City-State-Zip: NOKOMIS FL 34275

Title SV  
Name ALDRICH, DAVID K  
Address 609 FOUR BAYS DRIVE  
City-State-Zip: NOKOMIS FL 34275

Title AT  
Name FARRELL, KIMBERLY R.  
Address 727 BACK NINE DRIVE  
City-State-Zip: VENICE FL 34285

Title AS  
Name ALDRICH, DAVID T.  
Address 2737 BUCKTHORN WAY  
City-State-Zip: NAPLES FL 34105

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:** LINDA S. ALDRICH

DPT

02/11/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date