

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 199105

FILED
Apr 22, 2008
Secretary of State

Entity Name: TAMPA FARM SERVICE, INC.

Current Principal Place of Business:

14425 HAYNES RD
DOVER, FL 33527 US

New Principal Place of Business:

14425 HAYNES RD
DOVER, FL 33527 US

Current Mailing Address:

P O BOX 600, HAYNES RD
DOVER, FL 33527 US

New Mailing Address:

FEI Number: 59-0791553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYNUM, MICHAEL H
14425 HAYNES RD
DOVER, FL 33527 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BYNUM, HERBERT,
Address: HAYNES ROAD
City-St-Zip: DOVER, FL

Title: PD () Delete
Name: BYNUM, MICHAEL H,
Address: HAYNES ROAD
City-St-Zip: DOVER, FL

Title: S () Delete
Name: BYNUM, MEADE,
Address: HAYNES ROAD
City-St-Zip: DOVER, FL

Title: ASD () Delete
Name: BYNUM, BLAIR,
Address: HAYNES ROAD
City-St-Zip: DOVER, FL

Title: VD (X) Delete
Name: BYNUM, SAMUEL,
Address: HAYNES ROAD
City-St-Zip: DOVER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: BYNUM, HERBERT
Address: 14425 HAYNES ROAD
City-St-Zip: DOVER, FL 33527

Title: PD (X) Change () Addition
Name: BYNUM, MICHAEL H,
Address: 14425 HAYNES ROAD
City-St-Zip: DOVER, FL 33527

Title: VASD (X) Change () Addition
Name: BYNUM< SAMUEL,
Address: 14425 HAYNES ROAD
City-St-Zip: DOVER, FL 33527

Title: ASD (X) Change () Addition
Name: BYNUM, BLAIR,
Address: 14425 HAYNES ROAD
City-St-Zip: DOVER, FL 33527

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL H BYNUM

PD

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date