2007 FOR PROFIT CORPORATION-ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 255209

1. Entity Name
A-Z POULTRY FARMS, INC.

Principal Place of Business	Mailing Address
1445 CASADAGA RD. DELAND, FL 32724	P.O. BOX 455 ORANGE CITY, FL 32763

01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0948179
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMBACHTSHEER, PIETER C
1701 E. MINNESOTA
DELAND, FL 32724

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating)*

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ZITMAN, ELISABETH P.T.
STREET ADDRESS	1447 CASADAGA RD.
CITY-ST-ZIP	ORANGE CITY, FL 32724
TITLE	S
NAME	LANE, VICTORIA C
STREET ADDRESS	112 COBLE COURT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	P
NAME	AMBACHTSHEER, PIETER C
STREET ADDRESS	1701 E. MINNESOTA
CITY-ST-ZIP	DELAND, FL 32724
TITLE	T
NAME	VANDERVORT, TJITSKE
STREET ADDRESS	625 MAR VISTA
CITY-ST-ZIP	SOLANO BEACH, CA 92075
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/01/07-80028-010 150.00

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.*

SIGNATURE: Victoria C. Lane 1-23-'07 (386)804-1608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #