

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90409 010 ***150.00

DOCUMENT # 270583

1. Entity Name
LONG FARMS, INC.



Principal Place of Business

**2849 LUST RD
APOPKA, FL 32703 US**

Mailing Address

**2849 LUST RD
APOPKA, FL 32703 US**

50008517



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1021946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILL, LISA L
2820 NEIL RD
APOPKA, FL 32703**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CM
NAME	LONG, WILLIAM D
STREET ADDRESS	2860 NEIL ROAD
CITY-ST-ZIP	APOPKA, FL
TITLE	PD
NAME	HILL, LISA L
STREET ADDRESS	2820 NEIL ROAD
CITY-ST-ZIP	APOPKA, FL
TITLE	VD
NAME	HILL, DAVID
STREET ADDRESS	2820 NEIL ROAD
CITY-ST-ZIP	APOPKA, FL
TITLE	VPMD
NAME	LONG, TONYA
STREET ADDRESS	PO BOX 641
CITY-ST-ZIP	POMONA PARK, FL 32181
TITLE	STD
NAME	LONG, BARBARA
STREET ADDRESS	2860 NEIL ROAD
CITY-ST-ZIP	APOPKA, FL
TITLE	D
NAME	LONG, BEAUREGARD
STREET ADDRESS	PO BOX 641
CITY-ST-ZIP	POMONA PARK, FL 32181

**DO NOT WRITE
IN THIS SPACE**

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-06

Date

407-889-4141

Daytime Phone #