


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90041 048 ***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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1021946	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HILL, LISA L 2820 NEIL RD APOPKA, FL 32703				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CM		TITLE		
NAME	LONG, WILLIAM D <input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2860 NEIL ROAD		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL		CITY-ST-ZIP		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, LISA L <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	2820 NEIL ROAD		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL		CITY-ST-ZIP		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, DAVID <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	2820 NEIL ROAD		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL		CITY-ST-ZIP		
TITLE	VPMD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONG, TONYA <input checked="" type="checkbox"/> Delete		NAME		
STREET ADDRESS	PO BOX 641		STREET ADDRESS		
CITY-ST-ZIP	POMONA PARK, FL 32181		CITY-ST-ZIP		
TITLE	STD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONG, BARBARA <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	2860 NEIL ROAD		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL		CITY-ST-ZIP		
TITLE	D		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONG, BEAUREGARD <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	PO BOX 641		STREET ADDRESS		
CITY-ST-ZIP	POMONA PARK, FL 32181		CITY-ST-ZIP		
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: _____			3/14/08 401-889-4141		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		