


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # 273551 1. Entity Name LONG AND SCOTT FARMS, INC.	
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Principal Place of Business P O BOX 1228 ZELLWOOD, FL 32798-1228	Mailing Address P O BOX 1228 ZELLWOOD, FL 32798-1228
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01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1011408	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent SCOTT III, FRANK D 26216 CR 448A MOUNT DORA, FL 32757

**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 for non-renewal.) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SCOTT III, FRANK D 26216 CR 448A MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DC SCOTT, FRANK D, JR.. 4705 SLOEWOOD DRIVE MT. DORA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD SCOTT, CYNTHIA C 26216 CR 448A MOUNT DORA, FL 32757
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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01/16/08-80083-012 150.00

**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 like empowered.

SIGNATURE:  **1/14/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #