

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 291980

1. Entity Name
VOSCINAR POULTRY FARMS INC



Principal Place of Business
**17343 BENES-ROUSH ROAD
BROOKSVILLE, FL 34604**

Mailing Address
**17343 BENES-ROUSH ROAD
BROOKSVILLE, FL 34604**



03102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1115062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VOSCINAR, STEVE
17343 BENES ROUSH RD
BROOKSVILLE, FL 34604**

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD VOSCINAR, STEVE BENES ROUSH RD MASARYKTOWN, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD VOSCINAR, MICHAEL BENES ROUSH RD MASARYKTOWN, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD VOSCINAR, OLGA BENES ROUSH RD MASARYKTOWN, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD VOSCINAR, LYNN BENES ROUSH RD MASARYKTOWN, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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04/11/08-80035-009 150.00

**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: Steve Voscinar 3-22-2008 352-799-4186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #