


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # 315237 1. Entity Name BISCHOFF FARMS INC	
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Principal Place of Business 414 E. REVELS RD. HOWEY-IN-THE-HILLS, FL 34737 US	Mailing Address 414 E. REVELS RD. HOWEY-IN-THE-HILLS, FL 34737 US
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04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1206212	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RONALD K. BISCHOFF 414 E. REVELS RD. HOWEY-IN-THE-HILLS, FL 34737
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**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

U000000540546
05/10/06-80023-004 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BISCHOFF, RONALD K 414 E. REVELS RD. HOWEY-IN-THE-HILLS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BISCHOFF, JULIA 2 MAGNOLIA LANE YALAHUA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BISCHOFF, ANN 414 E. REVELS RD. HOWEY-IN-THE-HILLS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Ronald K. Bischoff 4/29/06 (352) 406-2294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #