2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 315237

1. Entity Name
BISCHOFF FARMS INC

Principal Place of Business	Mailing Address
414 E. REVELS RD.	414 E. REVELS RD.
HOWEY-IN-THE-HILLS, FL 34737 US	HOWEY-IN-THE-HILLS, FL 34737 US

DO NOT WRITE IN THIS SPACE

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04032007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-1206212		Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

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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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 _Ronald K. Bischoff_ RONALD. K. BISCHOFF PTD   4/26/07

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BISCHOFF, RONALD K
STREET ADDRESS	414 E. REVELS RD.
CITY-ST-ZIP	HOWEY-IN-THE-HILLS, FL

TITLE	S
NAME	BISCHOFF, JULIA
STREET ADDRESS	2 MAGNOLIA LANE
CITY-ST-ZIP	YALAHA, FL

TITLE	AS SD
NAME	BISCHOFF, ANN
STREET ADDRESS	414 E. REVELS RD.
CITY-ST-ZIP	HOWEY-IN-THE-HILLS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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_   4/26/07   (352) 406-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #