

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90072 035 ***150.00

DOCUMENT # 317911

1. Entity Name

CORAL HILLS FARMS, INC.



Principal Place of Business

1340 GOLF POINT LOOP
APOPKA FL 32712

Mailing Address

1340 GOLF POINT LOOP
APOPKA FL 32712

2. Principal Place of Business

1168 Green Vista Circle

3. Mailing Address

1168 Green Vista Circle



1st MOORE

CR2E034 (10/05)

Suite, Apt. #, etc.

APOPKA - RLA

Suite, Apt. #, etc.

APOPKA - RLA

City & State

32712

City & State

APOPKA FL

4. FEI Number

59-1217434

Applied For

Not Applicable

Zip

Country

ORANGE

Zip

ORANGE

Country

32712

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEVITA, PHILIP A
1340 GOLF POINT LOOP
APOPKA FL 32712

7. Name and Address of New Registered Agent

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

Philip A Devita

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | DEVITA, PHILIP A. | |
| STREET ADDRESS | 1340 GOLF POINT LOOP | |
| CITY - ST - ZIP | APOPKA FL 32712 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | DEVITA, JILL M | |
| STREET ADDRESS | 1340 GOLF POINT LOOP | |
| CITY - ST - ZIP | APOPKA FL 32712 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | DEVITA, PHILIP J | |
| STREET ADDRESS | 1340 GOLF POINT LOOP | |
| CITY - ST - ZIP | APOPKA FL 32712 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|-------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEVITA, PHILIP A | |
| STREET ADDRESS | 1168 Green Vista Circle | |
| CITY - ST - ZIP | APOPKA FLA 32712 | |
| TITLE | ST | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEVITA, JILL M. | |
| STREET ADDRESS | 1168 Green Vista Circle | |
| CITY - ST - ZIP | APOPKA FLA 32712 | |
| TITLE | V | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEVITA, PHILIP J. | |
| STREET ADDRESS | 3571 Rolling Hills Lane | |
| CITY - ST - ZIP | APOPKA FL 32712 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Philip A Devita*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-05