2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# 348755

Entity Name: LARKINS' FARM, INC.

Current Principal Place of Business:

COUNTY ROAD 379 S.
LIBERTY COUNTY, FL 32321 US

New Principal Place of Business:

35057 SWCR 379
BRISTOL, FL 32321 US

Current Mailing Address:

12891 NW MYERS ANN ST
BRISTOL, FL 32321

New Mailing Address:

35057 SWCR 379
BRISTOL, FL 32321

FEI Number: 59-1268142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARKINS PARRISH, CATHY
12891 NW MYERS ANN ST
BRISTOL, FL 32321 US

Name and Address of New Registered Agent:

LARKINS PARRISH, CATHY
35057 SWCR 379
BRISTOL, FL 32321 US

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.

SIGNATURE: _____ 01/08/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LARKINS SCALLORN, MARY BOWEN
Address: 2936 DANIELS ST
City-St-Zip: MARIANNA, FL

Title: VPST ( ) Delete
Name: PARRISH, CATHY LARKINS
Address: 12891 NW MYERS ANN ST
City-St-Zip: BRISTOL, FL 32321

Title: VP ( ) Delete
Name: ABITBOL, CAROLYN L
Address: 6955 SW 128TH ST
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPST (X) Change ( ) Addition
Name: PARRISH, CATHY LARKINS
Address: 35057 SWCR 379
City-St-Zip: BRISTOL, FL 32321

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY LARKINS PARRISH VP/S 01/08/2007
Electronic Signature of Signing Officer or Director — Date