

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90047 039 ***150.00

DOCUMENT # 418696

1. Entity Name
HILLANDALE FARMS, INC.



Principal Place of Business
**HWY 41 NO.
PO BOX 2109
LAKE CITY, FL 32056-2109**

Mailing Address
**P.O. BOX 2109
LAKE CITY, FL 32056-2109 US**



01092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
247 NW Hillandale GIN

3. Mailing Address
P.O. Box 2109

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake City FL

City & State
Lake City FL

4. FEI Number
59-1439919

Applied For
Not Applicable

Zip
32055

Country
USA

Zip
32056

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAZEN, JACK E SR
247 NW HILLANDALE GIN
LAKE CITY, FL 32055**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HAZEN, JACK E
13055 SW 17TH AVE
BROOKER, FL 32622** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAZEN, JACK E JR
123 HARMONY RD
COLUMBIA, MS 39429** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUNNICULT, HOMER E JR
4004 RAINES RD
BROOKSVILLE, FL 34604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
WARD, JO N
SPRING HOLLOW BLVD
LAKE CITY, FL 32055** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2185 NW Lake Jeffery Rd
Lake City, FL 32055** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BETHEL, ORLAND R
7196 HAWKVIEW TRAIL
PORT SAINT LUCIE, FL 34986** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MIZELL, DORMAN W
5044 DORMAN PLACE
CALLAHAN, FL 32011** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**45120 Dorman Place
Callahan, FL 32011** ☒ Change ☐ Addition

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:

Jo N. Ward
Jo N. Ward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07
Date

(386) 397-1300
Daytime Phone #