

Feb 28, 2008
Secretary

DOCUMENT # 429137 1. Entity Name HOLLENBERG FARMS, INC.			
Principal Place of Business 320 HOLLENBERG ROAD SEBRING FL 33872 US		Mailing Address 3425 SPARTA ROAD SEBRING FL 33875-5359 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
RUTKOSKY, EDNA 3425 SPARTA RD SEBRING FL 33875			Name
			Street Address
			City

1000

1st MOORE CR2E034 (10/07)

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 _____

Spouse, typed or printed name of individual applying for the loan(s). _____

(SST) Received receipt number system when complete in _____

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HOLLENBERG, J RALPH 3651 UNITED STATES HIGHWAY 27 SOUTH #588 SEBRING FL 33870-5471 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition UD0000842105 03/11/08-80016-022 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SWANK, VIOLA E. 5040 OAK CIRCLE SEBRING FL 33875 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME	DP RUTKOSKY, EDNA M ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

the exemptions contained in Section 119, Florida Statutes. I further certify that the information
signature shall have the same legal effect as if made under oath, that I am an officer or director
governed by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

2/26/08

[illegible]

NAME Paula D. Kosky SIGNED NAME Paula D. Kosky