


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-11-2007 90047 038 ***150.00

DOCUMENT # 429425 1. Entity Name HILLANDALE FARMS OF FLA., INC.			
Principal Place of Business HIGHWAY 41 NORTH P.O. BOX 2109 LAKE CITY, FL 32056-1703 US		Mailing Address P.O. BOX 2109 LAKE CITY, FL 32056-2109 US	
2. Principal Place of Business - No P.O. Box # 247 NW Hillandale Gln Suite, Apt. #, etc.		3. Mailing Address PO Box 2109 Suite, Apt. #, etc.	
City & State Lake City FL Zip Country 32055 USA		City & State Lake City FL Zip Country 32056 USA	
4. FEI Number 59-1477816		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAZEN, JACK E. JR. 247 NORTHWEST HILLANDALE GLEN LAKE CITY, FL 32055		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 _____ <small>Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SOUTHWEST 175TH AVENUE BROOKER, FL 32622	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAZEN, JACK E. JR 123 HARMONY ROAD COLUMBIA, MS 39429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUNNICUTT, HOMER E JR 4004 RAINES RD BROOKSVILLE, FL 34604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WARD, JO N SPRING HOLLOW BLVD LAKE CITY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BETHEL, ORLAND R. 7196 HAWKSVIEW TRAIL PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIZELL, W. DORMAN 5041 DORMAN PLACE CALLAHAN, FL 32011	<input type="checkbox"/> Delete	TITLE 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 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: <u>Jo N. Ward</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/9/07</u> Daytime Phone # <u>(386) 397-1300</u>	