


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

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| DOCUMENT # 429425 1. Entity Name HILLANDALE FARMS OF FLA., INC. |  |
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| Principal Place of Business 247 NW HILLANDALE GLN LAKE CITY, FL 32055 US | Mailing Address P.O. BOX 2109 LAKE CITY, FL 32056-2109 US |
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03212008 No Chg-P CR2E034 (11/05)

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| 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000877434 04/14/08-80014-011 150.00 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HAZEN, JACK E. 13055 SOUTHWEST 175TH AVENUE BROOKER, FL 32622 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAZEN, JACK E. JR. 123 HARMONY ROAD COLUMBIA, MS 39429 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUNNICUTT, HOMER E JR 4004 RAINES RD BROOKSVILLE, FL 34604 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST WARD, JO N 2185 NW LAKEJEFFERY RD LAKE CITY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BETHEL, ORLAND R. 7196 HAWKSVIEW TRAIL PORT SAINT LUCIE, FL 34986 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MIZELL, W. DORMAN 45120 DORMAN PLACE CALLAHAN, FL 32011 |

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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 Sec. Treas. 3/25/08 (386)397 1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #