

2007 FOR PROFIT CORPORAT ON ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-12-2007 90108 024 ***150.00

DOCUMENT # 466915					
1. Entity Name HERRING FARMS, INC.					
Principal Place of Business 1001 N.E. 2ND ST. BELLE GLADE FL 33430			Mailing Address 1001 N.E. 2ND ST. BELLE GLADE FL 33430		
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	4. FEI Number 59-1567215	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRING, JAMES M JR 808 N.E. 2ND ST BELLE GLADE FL 33430			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 _____ Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-electing)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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					
TITLE	STD (Secretary, Treasurer, Director)	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HERRING, DANIEL R.		NAME		
STREET ADDRESS	1009 N.E. FIRST ST.		STREET ADDRESS		
CITY-STATE-ZIP	BELLE GLADE FL		CITY-STATE-ZIP		
TITLE	YO	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	HERRING JR., JAMES M.		NAME	President + Director	
STREET ADDRESS	808 N.E. 2ND ST.		STREET ADDRESS	James M. Herring, Jr	
CITY-STATE-ZIP	BELLE GLADE, FL 0		CITY-STATE-ZIP	808 NE 2nd St.	
TITLE	PD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	HERRING, INEZ B.		NAME		
STREET ADDRESS	1001 N.E. 2ND ST.		STREET ADDRESS		
CITY-STATE-ZIP	BELLE GLADE, FL 0		CITY-STATE-ZIP		
TITLE	RD	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	V, D Vice President + Director	
STREET ADDRESS			STREET ADDRESS	Michael Thurston	
CITY-STATE-ZIP			CITY-STATE-ZIP	9886 Crosshill Center	
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	Director	
STREET ADDRESS			STREET ADDRESS	Louise Forsythe	
CITY-STATE-ZIP			CITY-STATE-ZIP	17427 Jupiter Farms Rd.	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James M Herring President 2/2/07 561-996-6581					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					