

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90021 032 ***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 #

808 NE 2nd Street

3. Mailing Address

808 NE 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belle Glade, Florida

City & State

Belle Glade, Florida

Zip

33430

Country

USA

Zip

33430

Country

USA

4. FEI Number

59-1567215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



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 the filer (if applicable).

(NOTE: Registered Agent signature required when re-registering)

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	HERRING, DANIEL R.	
STREET ADDRESS	1009 N.E. FIRST ST.	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERRING JR., JAMES M.	
STREET ADDRESS	808 N.E. 2ND ST.	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HERRING, INEZ B.	
STREET ADDRESS	1001 N.E. 2ND ST.	
CITY-ST-ZIP	BELLE GLADE, FL 0	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THURNTON, MICHAEL	
STREET ADDRESS	9886 CROSSBILL CENTER	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	FURSATHA, LOUISE	
STREET ADDRESS	17427 JUPITER FARMS RD	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thornton, Michael	
STREET ADDRESS	9886 Crossbill Ct.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Forsythe, Louise	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2008

Date

561-996-1410

Daytime Phone