

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 470672

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** GULF COUNTY FARMS, INC.

**Current Principal Place of Business:**

806 HIGHWAY 20  
SOUTHPORT, FL 32409

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 757  
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:** 59-1578595      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLEMING, MAX  
806 HIGHWAY 20  
SOUTHPORT, FL 32409      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FLEMING, MAX  
Address: 806 HIGHWAY 20  
City-St-Zip: SOUTHPORT, FL 32409

Title: D  
Name: FLEMING, GEORGE RAY  
Address: 13400 HIGHWAY 77  
City-St-Zip: LAKE MERIAL, FL 32409

Title: D  
Name: FLEMING, MAXIE  
Address: 100 CHERRY STREET #703  
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAXIE FLEMING

D

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date