

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # 519403

1. Entity Name
RIVER ERROR FARMS, INC.



Principal Place of Business
**PO BOX 1380
LYNN HAVEN, FL 32444**

Mailing Address
**P.O. BOX 1380
LYNN HAVEN, FL 32444**

DO NOT WRITE IN THIS SPACE



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2060037

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARDEE, LAWRENCE A
#304 1812 S HWY 77 #115
LYNN HAVEN, FL 32444**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARDEE, ALEXANDER F.
STREET ADDRESS 709 BELLEVILLE AVE
CITY-ST-ZIP BREWTON, AL 36427

TITLE TD
NAME HARDEE, LAURANCE A.
STREET ADDRESS #304 1812 S HWY 77 #115
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE SD
NAME HARDEE, CARY A
STREET ADDRESS 215 SE PINCKNEY ST
CITY-ST-ZIP MADISON, FL 32340

TITLE VD
NAME HARDEE, JAMES E., JR.
STREET ADDRESS RT 3 BOX 776
CITY-ST-ZIP MADISON, FL 32340

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000696433
04/17/07-80100-012 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Laurance A. Hardee
P.O. Box 1380
Lynn Haven, FL 32444**

Date

Daytime Phone #