

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 519655

1. Entity Name

VALLEY FARM, INC.



Principal Place of Business
2724 LAWRENCEVILLE RD
COTTONDALE FL 32431

Mailing Address
914 GARDENIA DRIVE
TALLAHASSEE FL 32312



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-1707100

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UPTON, VIRGINIA L
914 GARDENIA DR
TALLAHASSEE FL 32312

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 title if applicable

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

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete
VD	UPTON, DAVID B	914 GARDENIA DR	TALLAHASSEE, FL 00000	
PD	UPTON, VIRGINIA L.	914 GARDENIA DRIVE	TALLAHASSEE FL	
SD	LAWHON, SHARON L	109 E LAKESHORE DRIVE	CARIERE MI 39426	
TD	UPTON, JANIS L.	914 GARDENIA DR	TALLAHASSEE, FL 00000	
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Change	☐ Add

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: Virginia L. Upton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virginia L. Upton 4/06/2006

Date 4/06/2006 Daytime Phone 904-395-1234