2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 23, 2007 08:00 AM **DOCUMENT # 519655** 1. Entity Name **Secretary of State** VALLEY FARM, INC. Principal Place of Business Mailing Address 2724 LAWRENCEVILLE RD 914 GARDENIA DRIVE TALLAHASSEE FL 32312 COTTONDALE FL 32431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 59-1707100 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UPTON, VIRGINIA L Street Address (P.O. Box Number is Not Acceptable) 914 GARDENIA DR TALLAHASSEE FL 32312 Zip Code City 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. Fam 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VD ши ☐ Delete HILL Change ■ Addition UPTON, DAVID B NAMI. NAMI 914 GARDENIA DR STREET ADDRESS STREET ADDRESS *UDD0000645419* TALLAHASSEE, FL 00000 CITY ST ZIP CITY-ST-ZIP PD THE Detete DITTE Addition UPTON, VIRGINIA L. NAME NAMI 914 GARDENIA DRIVE STRUET ADDRESS STREET ADDRESS TALLAHASSEE FL CHY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete ☐ Change Addition LAWHON, SHARON L NAME 109 E LAKESHORE DRIVE STREET ADDRESS STREET ADDRESS CARIERE MI 39426 CHY-ST-7P CITY+ST-7IP Change 11111 ☐ Delete 11114 ☐ Addition UPTON, JANIS L. NAMI. NAME 914 GARDENIA DR STRUET ADDRESS STREET ADDRESS TALLAHASSEE, FL 00000 CHY-SI-ZIP CHY-SI-ZIP ☐ Defete HILL Change Addition NAME STREET ADDRESS STRUCT ADDRESS CHY-SI-ZIP CHY-SI-7IP HILE ☐ Deleic TITLE Change Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP

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 early; that I am an efficer 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.