

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 549155

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** BOICE FARMS, INC.

**Current Principal Place of Business:**

622 E WASHINGTON STREET  
STE 200  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 349  
CHARLOTTESVILLE, VA 22902 US

**New Mailing Address:**

**FEI Number:** 59-1772667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEAN MEAD SERVICES, LLC  
800 N. MAGNOLIA AVENUE, SUITE 1500  
ORLANDO, FL 32803 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: PTD  
Name: PHILLIPS, AUBREY S  
Address: P.O. BOX 349  
City-St-Zip: CHARLOTTESVILLE, VA 22902

Title: DVS  
Name: PHILLIPS, BRADFORD L  
Address: P.O. BOX 349  
City-St-Zip: CHARLOTTESVILLE, VA 22902

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: AUBREY S PHILLIPS

PRES

01/09/2012

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

\_\_\_\_\_  
Date