

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 561250

1. Entity Name
REYNOLDS FARMS, INC.



Principal Place of Business
521 LAKE FRANCIS ROAD
LAKE PLACID, FL 33852

Mailing Address
521 LAKE FRANCIS ROAD
LAKE PLACID, FL 33852



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1881023

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, CHARLES JR
521 LAKE FRANCIS ROAD
LAKE PLACID, FL 33852

**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 REYNOLDS, C.L.
STREET ADDRESS 521 LAKE FRANCIS RD.
CITY-ST-ZIP LAKE PLACID, FL

TITLE D
NAME REYNOLDS, ELOISE
STREET ADDRESS 521 LAKE FRANCIS RD.
CITY-ST-ZIP LAKE PLACID, FL

TITLE STD
NAME REYNOLDS, CHARLES L., JR
STREET ADDRESS 80 BEAR PT. LN.
CITY-ST-ZIP LAKE PLACID, FL

TITLE VD
NAME REYNOLDS, TERRY L
STREET ADDRESS 106 BODENHAM RD
CITY-ST-ZIP LAKE PLACID, FL

TITLE STD
NAME BULLARD, BARBAR ANN(ASST
STREET ADDRESS 112 BODENHAM RD
CITY-ST-ZIP LAKE PLACID, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000584567
01/12/07-80035-019 150.00

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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: Barbara Bullard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-07 863465-1700