

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 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**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1881023

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2008 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	

**DO NOT WRITE
IN THIS SPACE**

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01/10/08-80020-006-150.00

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

1-7-08

Date

863465-1700

Daytime Phone #