2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 592485

1. Entity Name FARLEY'S SRP, INC.



FILED
Mar 09, 2007 08:00 AM
Secretary of State

Principal Place of Business

23624 HWY 561 SOUTH P.O.BOX 530

ASTATULA, FL 34705-0530 US

Mailing Address

23624 HWY 561 SOUTH P.O.BOX 530

ASTATULA, FL 34705-0530 US



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01092007 No Cng-P	CR2E034 (11/05)
4. FEI Number	Applied For
59-1865031	Not Applicable
5. Certificate of Status Desire	\$8.75 Additional

6. Name and Address of Current Registered Agent

FARLEY, JUDY S. 23624 HWY 561 SO ASTATULA, FL 34705

SIGNATURE:

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 Substitute by the distribution of registered agent and title if apply to the More Registered Agent signature required when reinstating) DATE											
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000661438 03/20/07-80041-008 150.00						
10. OFFICERS AND DIRECTORS											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARLEY, ROBERT M 23624 HWY 561 ASTATULA, FL 34705										
TITLE NAME STREET ADDRESS CATY-ST-ZIP	T FARLEY, ARLIE B 25827 HWY 561 ASTATULA, FL 34705										
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE						
TITLE NAME SIRELT ADDRESS CITY-ST-ZIP			IN THIS SPACE								
TITLE NAME STREET ADDRESS GITY-ST-ZIP											
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:									
12. Thereby 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.											