

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 08:00 A
Secretary of State

DOCUMENT # 680209

1. Entity Name

SILVER MOUNTAIN FARMS, INC.



Principal Place of Business

1330 SOUTH SCENIC HIGHWAY
FROSTPROOF FL 33843

Mailing Address

P.O. BOX 398
FROSTPROOF FL 33843



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2025700**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RILEY, R.A.
STATE RD 17 SOUTH
FROSTPROOF FL 33843

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME: S
STREET ADDRESS: MOREY, SARAH R
CITY-ST-ZIP: 1230 ALBERTA STREET
LONGWOOD FL 32750

TITLE ☐ Change ☐ Addition
NAME: U00000625967
STREET ADDRESS: 02/15/07-80002-002 150.00
CITY-ST-ZIP:

TITLE ☐ Delete
NAME: DVP
STREET ADDRESS: RILEY, EUGENE S
CITY-ST-ZIP: 9403 NAVIOS DR
HUNTSVILLE AL 35803

TITLE ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ Delete
NAME: PTD
STREET ADDRESS: RILEY, R A
CITY-ST-ZIP: 1330 US 27-A SOUTH
FROSTPROOF FL 33843

TITLE ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ Delete
NAME: VD
STREET ADDRESS: RILEY, R A JR
CITY-ST-ZIP: 100 BROAD ST
CLEMSON SC 29631

TITLE ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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 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:

Riley
RA Riley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-07

Date

863 635 3287

Daytime Phone #