

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # 697946

1. Entity Name
FROEHLICH FARM SERVICES, INC.



Principal Place of Business

730 NORTH PARK ST
P O BOX 631
CRESCENT CITY, FL 32112

Mailing Address

730 NORTH PARK ST
P O BOX 631
CRESCENT CITY, FL 32112



02142008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2106702

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FROEHLICH, JOSEPH
730 N PARK ST
CRESCENT CITY, FL 32112

**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	FROEHLICH, JOSEPH
STREET ADDRESS	730 N. PARK STREET
CITY-ST-ZIP	CRESCENT CITY, FL
TITLE	STD
NAME	FROEHLICH, CATHERINE
STREET ADDRESS	730 N. PARK AVE.
CITY-ST-ZIP	CRESCENT CITY, FL
TITLE	D
NAME	FROEHLICH, JOSEPH JR
STREET ADDRESS	207 MAGNOLIA AVENUE
CITY-ST-ZIP	CRESCENT CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Joseph Froehlich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/08

Date

386 698 1800

Daytime Phone #