2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

	ANNUAL				00177 005 ****	(1.05		
1. Entity Nam FLORIDA	MENT # 711641 SOCIETY OF FARM MANA ERS, INC.		0	4-30-2008 <u>\$</u>	90177 005 ****6	51.23		
1940 10TH AVENUE, SUITE C 194			vailing Address 1940 10TH AVENUE, SUITE C VERO BEACH, FL 32960 US		4 1890) 1980) 11981	33122	KANI KIRII BIRII BERNI ATAU ATA	13110 t 2 6 1201
	lace of Business - No P.O. Box# 65 34th Lane	3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.			04282008 CI	ng-NP	CR2E037 (12/06)	
City & State	o Beach, 71	City & State			4. FEI Number 65-003558	3		pplied For ot Applicable
zip329		Zip	Country		5. Certificate of St	atus Desired	S8.75 Ade Fee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and Add	ress of New Re	gistered Agent	
YOUNG, JULIANA			Name	· Juliana Young				
1940 10 AVE STE C VERO BEACH, FL 32960			Street A	ddress (P	.0. Box Number is 1 5 86 5 3 4	Not Acceptable)	anc	
			City	<u>, , , , , , , , , , , , , , , , , , , </u>	7) (7	<u> </u>	□	le .
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 a							66	
the obligations of registered agent. SIGNATURE Signature proof or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
SIGNATURE .	Justine 1	Division of the diapplicable (NOTE:	Registered Agent signati	nte tednited 4	when reinstating)			
SIGNATURE .	Justine 1	go ute d applicable (NOTE: 9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Ma		
	Signatic poet or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Came Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Ma Florid	NATE ke check payable to be check payable to be check payable to be checked by the checked by t	tate
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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 617, 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.

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/28/2008

Daytime Phone #