

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90078 027 ****61.25

DOCUMENT # 743656

1. Entity Name
ABBA FARMS, INC.



Principal Place of Business
32901 LEONARD RD.
PO BOX 477
SAN ANTONIO, FL 33576 US

Mailing Address
LEONARD LANE
PO BOX 477
SAN ANTONIO, FL 33576

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1836934

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRONE, RONALD S
32901 LEONARD RD.
P. O. BOX 477
SAN ANTONIO, FL 33576

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERRONE, VINCENT 971 LONG MEADOW LN. MELBOURNE, FL 32940 <i>deceased</i>	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANIM, JOSEPH 315 JOSEPH STREET S CHARLESTON, WV VA 00000, 25303	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERRONE, RONALD S 32901 LEONARD LANE P.O. BOX 477 SAN ANTONIO, FL 00000, 33576	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PERRONE, SYLVIA 32901 LEONARD LANE, P.O. BOX 477 SAN ANTONIO, FL 00000, 33576	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

400400



PD + VD
Same

352-588-
0399