

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 AM
Secretary of State

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**



02242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000653149
03/13/07-80009-002 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GANIM, JOSEPH
STREET ADDRESS	315 JOSEPH STREET
CITY-STATE-ZIP	S CHARLESTON, W VA 00000, 25303
TITLE	PVD
NAME	PERRONE, RONALD S
STREET ADDRESS	32901 LEONARD LANE P.O. BOX 477
CITY-STATE-ZIP	SAN ANTONIO, FL 33576
TITLE	STD
NAME	PERRONE, SYLVIA
STREET ADDRESS	32901 LEONARD LANE, P.O. BOX 477
CITY-STATE-ZIP	SAN ANTONIO, FL 00000, 33576
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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 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

Sylvia Perrone

Date

Daytime Phone #

2-29-07 352-588-0399