2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 743656

1. Entity Name
ABBA FARMS, INC.

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

DO NOT WRITE IN THIS SPACE

04222008 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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05/21/08-80094-002 61.25

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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.

SIGNATURE: Sylvia V. Perrone (STD) 4/22/08 352-588 0399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #