

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # 822060**

1. Entity Name  
**WESNOFSKE FARMS, INC.**



Principal Place of Business

**206 MAGNOLIA AVENUE  
CRESCENT CITY, FL 32112 US**

Mailing Address

**P.O. BOX 631  
CRESCENT CITY, FL 32112 US**



02142008 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-1226153**

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**

**FROELICH, JOSEPH  
730 N. PARK ST  
CRESCENT CITY, FL 32012**

**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 FROELICH, JOSEPH A JR.  
STREET ADDRESS 206 MAGNOLIA AVE  
CITY-ST-ZIP CRESCENT CITY, FL

TITLE SD  
NAME FROELICH, JAY R.  
STREET ADDRESS 209 LAKEVIEW AVE  
CITY-ST-ZIP CRESCENT CITY, FL

TITLE D  
NAME FROELICH, JOSEPH I  
STREET ADDRESS 730 N PARK ST  
CITY-ST-ZIP CRESCENT CITY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joseph A. Froelich Jr.* **Joseph A Froelich Jr** **2/25/08** **386 698 1409**