

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A93000001103

1. Entity Name
CIRCLE S FARMS, LTD.



Principal Place of Business
**9471 MCINTOSH RD.
DOVER, FL 33527**

Mailing Address
**9471 MCINTOSH RD.
DOVER, FL 33527**



01082007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3207879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SWINDLE, EDWARD
9471 MCINTOSH RD.
DOVER, FL 33527**

**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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME
SWINDLE, EDWARD
STREET ADDRESS
9471 MCINTOSH RD.
CITY-ST-ZIP
DOVER, FL 33527

DOCUMENT #

NAME
SWINDLE, MYRTLE L
STREET ADDRESS
9471 MCINTOSH RD.
CITY-ST-ZIP
DOVER, FL 33527

DOCUMENT #

NAME
SWINDLE, LAURENCE E
STREET ADDRESS
9403 MCINTOSH ROAD
CITY-ST-ZIP
DOVER, FL 33527

DOCUMENT #

NAME
SWINDLE, RODNEY E
STREET ADDRESS
9471 MCINTOSH ROAD
CITY-ST-ZIP
DOVER, FL 33527

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

U00000680412
04/03/07-80077-014 500.00

**DO NOT WRITE
IN THIS SPACE**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-23-07

Date

(813)248-6248

Daytime Phone

STAPLE CHECK HERE