

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003195

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: ARMANINO FARMS OF CALIFORNIA, INC.

**Current Principal Place of Business:**

P.O. BOX 610  
TURLOCK, CA 953810610

**New Principal Place of Business:**

300 DIANNE DRIVE  
TURLOCK, CA 95381

**Current Mailing Address:**

18 COVETON CIRCLE  
SPARKS, MD 21152

**New Mailing Address:**

FEI Number: 94-3024484      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DS      ( ) Delete  
Name: CARPENTER, W. GEOFFREY  
Address: 18 LOVETON CIRCLE  
City-St-Zip: SPARKS, MD 21152

Title: DP      ( ) Delete  
Name: FARIDI, HAMED  
Address: 202 WRIGHT AVE.  
City-St-Zip: HUNT VALLEY, MD 21031

Title: AS      ( ) Delete  
Name: GOODE, H. GREY JR.  
Address: 18 LOVETON CIRCLE  
City-St-Zip: SPARKS, MD 21152

Title: AS      ( ) Delete  
Name: MURK, SUSAN T  
Address: 18 LOVETON CIRCLE  
City-St-Zip: SPARKS, MD 21152

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP      (X) Change ( ) Addition  
Name: FARIDI, HAMED  
Address: 18 LOVETON CIRCLE  
City-St-Zip: SPARKS, MD 21152

Title: AS      (X) Change ( ) Addition  
Name: NOLAN, PAUL B  
Address: 18 LOVETON CIRCLE  
City-St-Zip: SPARKS, MD 21152

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN T. MURK

AS

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date