2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000003450

1. Entity Name
HILLANDALE FARMS OF PA., INC.

Principal Place of Business	Mailing Address
3RD & CROOKED RUN ROAD NORTH VERSAILLES, PA 15137	3RD & CROOKED RUN ROAD NORTH VERSAILLES, PA 15137

DO NOT WRITE IN THIS SPACE

07252005 No Chg-P CR2E034 (10/03)

4. FEI Number
28-1118606
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ U00000375297 09/01/05-80013-020 550.00 DATE

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

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BETHEL, GARY R
STREET ADDRESS	3RD & CROOKED RUN ROAD
CITY-ST-ZIP	NORTH VERSAILLES, PA 15137
TITLE	DV
NAME	BETHEL, ORLAND R
STREET ADDRESS	3RD & CROOKED RUN ROAD
CITY-ST-ZIP	NORTH VERSAILLES, PA 15137
TITLE	T
NAME	VENDEMIA, STEVE
STREET ADDRESS	3RD & CROOKED RUN ROAD
CITY-ST-ZIP	NORTH VERSAILLES, PA 15137
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Orland R Bethel 7-26-05 412-672-9635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #