2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 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

07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (Required when changing) (Required when changing)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	7196 HAWK'S VIEW TRAIL
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986
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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07/11/08-80013-014 150.00

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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 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 ORLAND R. BETHEL Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #