

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90021 037 ***150.00

DOCUMENT # F32843

1. Entity Name

CRABTREE FARMS, INC.



Principal Place of Business

257 MINORCA BEACH WAY
SUITE 504
NEW SMYRNA BEACH FL 32169
US

Mailing Address

257 MINORCA BEACH WAY
SUITE 504
NEW SMYRNA BEACH FL 32169
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2360955

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, H. WILLIAM
257 MINORCA BEACH WAY
SUITE 504
NEW SMYRNA BEACH FL 32169

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinitiating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
WHITE, H. WILLIAM
2801 PENINSULA AVE, UNIT #504
NEW SMYRNA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
FULTZ, CHUCK
POB 1417
LAKE JUNALUSKA NC 28745

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
DOSSEY, VIC
107 GLENDALE DR
WAYNESVILLE NC 28786

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LOWE, DEBBIE
236 CABIN COVE RD
CLYDE NC 28721

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☒ Addition
D
Patricia Hatley
2172 Newbury Ct.
Palm Harbor, FL 34683

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
COX, SUE
92 N MAIN ST
CANTON NC 28716

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☒ Addition
D
Charlie Roosa
4310 Hickory Shores Blvd
Gulf Breeze, FL 32563

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *H. W. White* H. W. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-08

Date

(386) 427-0895
(888) 627-3767

Daytime Phone #