


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F92310 1. Entity Name NORTH FLORIDA FARMERS LIVESTOCK MARKET, INCORPORATED	
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Principal Place of Business 1172 HELSEMA RD N JACKSONVILLE, FL 32220 US	Mailing Address 11025 WEST BEAVER ST JACKSONVILLE, FL 32220 US
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DO NOT WRITE IN THIS SPACE



04032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2198938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WALDROP, THOMAS W 9408 COMMONWEALTH AVENUE JACKSONVILLE, FL 32220
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000491515 04/19/06-80025-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, MARYLENA 1172 HALSENA NORTH JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALDROP, THOMAS W 9408 COMMONWEALTH AVENUE JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, CAROLINE P 11678 161ST ROAD LIVE OAK, FL 32060
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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IN THIS SPACE

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: 	Date: 4-3-06	Daytime Phone: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		