

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90002 029 ***150.00

DOCUMENT # F93000004825

1. Entity Name
TEAM FARM LTD., INC.



Principal Place of Business
**% LEWERS & ASSOCIATES, INC.
8 CARLOS CT
PALM COAST, FL 32137**

Mailing Address
**% LEWERS & ASSOCIATES, INC.
8 CARLOS CT
PALM COAST, FL 32137**



02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3562586	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

**LEWERS, FRED W
8 CARLOS CT
PALM COAST, FL 32137**

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	ANDERSON, EVELYN M
STREET ADDRESS	31 ROEBLING RD
CITY-ST-ZIP	BERNARDSVILLE, NJ

TITLE	VT
NAME	LEWERS, FRED W
STREET ADDRESS	8 CARLOS CT
CITY-ST-ZIP	PALM COAST, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08 **386-445-7000**
Date Daytime Phone #