


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2007 08:00 AM
Secretary of State**

DOCUMENT # F94000003279 1. Entity Name SOMERSET FARMS OF ALACHUA, INC.	
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Principal Place of Business 13521 NW 137TH PLACE ALACHUA, FL 32615	Mailing Address 13521 NW 137TH PLACE ALACHUA, FL 32615
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01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-0761320	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 KIRKPATRICK, RANDY D 13521 NW 13TH PLACE ALACHUA, FL 32615

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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 reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000591454 01/19/07-80023-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KIRKPATRICK, RANDY D 13521 NW 137TH PLACE ALACHUA, FL 32615
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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:  **RANDY KIRKPATRICK** 1.14.2007 352.264.8832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #