

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # G21008

1. Entity Name
ERCOLI FARMS, INC.



Principal Place of Business
209E. KNIGHTS GRIFFIN RD
PLANT CITY, FL 33565

Mailing Address
209E. KNIGHTS GRIFFIN RD
PLANT CITY, FL 33565



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2313487

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ERCOLI, D. M.
209E. KNIGHTS GRIFFIN RD
PLANT CITY, FL 33565-4954

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ERCOLI, D. M.
STREET ADDRESS	209E. KNIGHTS GRIFFIN RD
CITY- ST- ZIP	PLANT CITY, FL
TITLE	DPT
NAME	ERCOLI, GOLDIE I
STREET ADDRESS	209E. KNIGHTS GRIFFIN RD
CITY- ST- ZIP	PLANT CITY, FL
TITLE	S
NAME	CHASTEEN, SHIRLEY E
STREET ADDRESS	209E KNIGHTS GRIFFIN ROAD
CITY- ST- ZIP	PLANT CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/07/07-80073-022 150.00

**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:

Goldie Ercoli

Goldie I Ercoli

Jan 25, 07

813-752-4517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #