

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # G51886

1. Entity Name
THE BLACK FARM, INC.



Principal Place of Business
PO BOX 2461
VALDOSTA, GA 31604

Mailing Address
PO BOX 2461
901 WEST BASE STREET
VALDOSTA, GA 31604



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2331597

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELLIS, DORIS B
4064 HEATH RD.
JACKSONVILLE, FL 32277

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

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

000000591623
01/19/07-80030-018 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
CRAGO, KENNETH M
P.O. BOX 2461
VALDOSTA, GA 31604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ELLIS, DORIS B.
4064 HEATH RD.
JACKSONVILLE, FL 32277

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SALE, ROBBIE LEE B.
425 MARIE AVE.
BLOUNTSTOWN, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
BLACK, BRUCE
3754 MEADOW RUE LANE
NORCROSS, GA

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 an other like empowered.

SIGNATURE:

Kenneth M. Crago

Kenneth M. Crago VT

Date

Daytime Phone #

404-307 5433
1-15-07