

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 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



01242008 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

**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

U00000798830
01/30/08-80045-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	CRAGO, KENNETH M
STREET ADDRESS	P.O. BOX 2461
CITY-ST-ZIP	VALDOSTA, GA 31604
TITLE	V
NAME	ELLIS, DORIS B.
STREET ADDRESS	4064 HEATH RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	V
NAME	SALE, ROBBIE LEE B.
STREET ADDRESS	425 MARIE AVE.
CITY-ST-ZIP	BLOUNTSTOWN, FL
TITLE	PS
NAME	BLACK, BRUCE
STREET ADDRESS	3754 MEADOW RUE LANE
CITY-ST-ZIP	NORCROSS, GA
TITLE	
NAME	
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: Kenneth M. Crago 1-22-08 404-307-5433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #