

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # G63854

1. Entity Name
DOUGLAS FARMS CORP.



Principal Place of Business
**FIRST MID-ILLINOIS BANK & TRUST
1515 CHARLESTON AVENUE
MATTOON, IL 61938 US**

Mailing Address
**FIRST MID-ILLINOIS BANK & TRUST
1515 CHARLESTON AVENUE
MATTOON, IL 61938 US**



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2344665

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PHILLIPS, PHILIP B.
3728 PHILLIPS HWY #39
JACKSONVILLE, FL 32207**

**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	DP
NAME	DONNERSMARCK, WINFRIED
STREET ADDRESS	C/O P. PHILLIPS, 3728 PHILLIPS HIGHWAY 39
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	STAUDER, CLAUS
STREET ADDRESS	C/O P. PHILLIPS, 3728 PHILLIPS HIGHWAY 39
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	S
NAME	RICKS, ALEX J
STREET ADDRESS	601 RIVERSIDE AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/07-80010-024 150.00

**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:

Alex J. Ricks

Alex J. Ricks

1/24/07

904 854 8759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #