

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G75701

1. Entity Name

LONG LEAF FARMS, INC.



Principal Place of Business

2806 W. U.S. 90

SUITE 101

LAKE CITY, FL 32055 US

Mailing Address

2806 W. U.S. 90

SUITE 101

LAKE CITY, FL 32055 US

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90066 032 ***150.00



02182004

No Chg-P

CR2EQ34 (10/03)

4. FEI Number

59-2379467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CRAPPS, DANIEL D

2806 W. US 90

LAKE CITY, FL 32055

SUITE 101

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CRAPPS, DANIEL D.
STREET ADDRESS 2806 W. U.S. 90 SUITE 101
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE D
NAME CRAPPS, JAMES M.
STREET ADDRESS P.O. DRAWER W N/A
CITY-ST-ZIP LIVE OAK, FL 32064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL CRAPPS

Date

2/18/04

Daytime Phone #

386-755-5710