


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90140 026 \*\*\*150.00

<b>DOCUMENT # G75701</b> 1. Entity Name <b>LONG LEAF FARMS, INC.</b>					
Principal Place of Business <b>164 NW MADISON ST SUITE 102 LAKE CITY, FL 32055 US</b>			Mailing Address <b>PO BOX 3659 LAKE CITY, FL 32056 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2806 W US90</b>		3. Mailing Address Suite, Apt. #, etc. <b>SUITE 101</b>			
City & State <b>LAKE CITY FL</b>		City & State <b>LAKE CITY FL</b>		4. FEI Number <b>59-2379467</b>	
Zip <b>32055</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRAPPS, DANIEL D. 164 NW MADISON ST STE 102 LAKE CITY, FL 32055</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2806 W US90</b> <b>SUITE 101</b> City <b>LAKE CITY FL</b> Zip Code <b>32055</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRAPPS, DANIEL D. <input type="checkbox"/> Delete PO BOX 3659 LAKE CITY, FL 32056		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAPPS, JAMES M. <input type="checkbox"/> Delete P.O. DRAWER W N/A LIVE OAK, FL 32064		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>DANIEL CRAPPS</u> <b>PRESIDENT</b> <sup>4/10/08</sup> <sup>386-755-5710</sup>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		