

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # G93996

1. Entity Name
HERRING FARM SUPPLY, INC.



Principal Place of Business
6068 NE ROCKYFORD RD
MADISON FL 32340

Mailing Address
6068 NE ROCKYFORD RD
MADISON FL 32340



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2388312

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERRING, JERRY O.
RT. 3, BOX 110
MADISON FL 32340

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HERRING, JERRY O'NEIL
STREET ADDRESS RT 3 BOX 110
CITY-STATE-ZIP MADISON FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE T
NAME HERRING, LOUISE S.
STREET ADDRESS RT 3 BOX 140
CITY-STATE-ZIP MADISON FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE S
NAME HERRING, CAROLYN H.
STREET ADDRESS RT 3 BOX 110
CITY-STATE-ZIP MADISON FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VP
NAME HERRING, KENNETH C
STREET ADDRESS RTE 3 BOX 145
CITY-STATE-ZIP MADISON FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
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STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jerry O Herring* Jerry O Herring
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-07

Date

850-929-4018

Daytime Phone #