

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # H77089

1. Entity Name

SEL-LO FARMS, INC.



Principal Place of Business

4325 NW COUNTY RD 40
OCALA FL 34482
US

Mailing Address

4325 NW COUNTY RD 40
OCALA FL 34482
US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2582256

Applied For

Not Applicable

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

NESHEWAT, NABEEL
10007 N CONRAD PT
DUNELLON FL 34434

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 the filer, if applicable.

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 PDST ☐ Delete
NAME NESHEWAT, NABEEL
STREET ADDRESS 4325 NW CR 40
CITY-ST-ZIP Ocala FL 34482

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B 3/18/08

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SEL-LO FARMS, INC.
4325 NW COUNTY RD.40
OCALA, FL 34482
352-351-2455

February 27, 2008

Division of Corporations
Att: Tyrone Scott
P.O. Box 6327
Tallahassee, FL 32314


Dear Sir,

Re: DOCUMENT # H77089

Per your telephone instructions on 2/27/08, we are enclosing a signed 2008 FOR
PROFIT CORPORATION ANNUAL REPORT.

Please apply the overpayment received by The Division of Corporations in April 2007,
to the 2008 Annual Report.

Thank you,


Nabeel Neshewat
President