2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H92545

1. Entity Name UNCLE DONALD'S FARM, INC.



FILED Mar 31, 2008 08:00 AN Secretary of State

Fee Required

Principal Place of Business

2713 GRIFFIN AVENUE LADY LAKE, FL 32159 Mailing Address

P.O. BOX 87

LADY LAKE, FL 32158



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) No Chg-P 03282008

Applied For 4. FEI Number 59-2617863 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

MORRIS, JEANETTE E. 2713 GRIFFIN AVENUE LADY LAKE, FL 32159

DO NOT WRITE IN THIS SPACE

the conguerors of regularica agent.											
SiGNATURE Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent arginuture required when reinstating) DATE 1500000000000000000000000000000000000											
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ing 🔲	\$5.00 May Be Added to Fees	04/11/08-80058-012 150.00						
10.	OFFICERS AND DIRECT	ORS .			,						
NAME M STREET ADDRESS 2	op Morris, donna 1713 Griffin AVE ADY LAKE, FL 32159										
NAME M STREET ADDRESS P	OS MORRIS, JEANETTE E P.O. BOX 87, GRIFFIN AVE. ADY LAKE, FL 32158			76 76							
NAME N STREET ADDRESS 2	OT MORRIS, ELIZABETH 1713 GRIFFIN AVENUE ADY LAKE, FL 32158			DO	NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A			a.							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			musilana an	trined in Charles 11	Florida Statutes. I further certify that the information						

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

I nereby certify triat the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I future 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 nade 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:

-200ul						_2	
BIGHATUNE AND 43	PED OR PI	UNTED	NAME OF	FIGNING (SFFICER	OR DIRE	сто