

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90042 022 ***150.00

DOCUMENT # H95862

1. Entity Name
PEA RIDGE FARM, INC.



Principal Place of Business

1668 MCKAY COURT
DUNEDIN, FL 34698

Mailing Address

1668 MCKAY COURT
DUNEDIN, FL 34698

40017855



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2686887

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

TOTTLE, DAVID CPA
5044 KILKENNY CT
OLDSMAR, FL 34677

7. Name and Address of New Registered Agent

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
YAKLE, LINDA E.
5910 N SUWANEE
TAMPA, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPC
YAKLE, STEVEN R.
25330 ISLAND VIEW DRIVE
COHASSETT, MN ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
YAKLE, JAMES R.
1668 MCKAY CT.
DUNEDIN, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
YAKLE, BETTY G.
1668 MCKAY CT.
DUNEDIN, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
YAKLE, ROXIE E.
4501 SHANNON LAKE DR. W.
TALLAHASSEE, FL 32309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
1333 CROSS CREEK CIR.
TALLAHASSEE, FL 32301

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

SIGNATURE:

Betty G. Yakle, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07 727-733-0096
Date Daytime Phone #