


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # H95862 1. Entity Name PEA RIDGE FARM, INC.	
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Principal Place of Business 1668 MCKAY COURT DUNEDIN, FL 34698	Mailing Address 1668 MCKAY COURT DUNEDIN, FL 34698
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03142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2686887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TOTTLE, DAVID CPA
5044 KILKENNY CT
OLDSMAR, FL 34677

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV YAKLE, LINDA E. 5910 N SUWANEE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC YAKLE, STEVEN R. 25330 ISLAND VIEW DRIVE COHASSETT, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YAKLE, JAMES R. 1668 MCKAY CT. DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YAKLE, BETTY G. 1668 MCKAY CT. DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YAKLE, ROXIE E. 1333 CROSS CREEK CR. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000983010
04/16/08-80062-018 150.00

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IN THIS SPACE**

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. BETTY G. YAKLE 4/07/08 727.733-0096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #