

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/1

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-11-2006 90107 010 ***150.00

DOCUMENT # J41836

1. Entity Name
NEWCASTLE FARM SERVICES, INC.



Principal Place of Business
**7615 W. NEWCASTLE CT.
DUNNELLON, FL 34433 US**

Mailing Address
**7615 W. NEWCASTLE CT.
DUNNELLON, FL 34433 US**



04092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2786516

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHONTZ, ANITA
7615 W. NEWCASTLE CT.
DUNNELLON, FL 34433**

**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 *Anita Shontz*
Signature, typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/10/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	SHONTZ, ANITA
STREET ADDRESS	7615 W. NEWCASTLE CT.
CITY- ST- ZIP	DUNNELLON, FL 34433

TITLE	PD
NAME	SHONTZ, CARY I.
STREET ADDRESS	7615 W. NEWCASTLE CT.
CITY- ST- ZIP	DUNNELLON, FL 34433

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
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 *Anita Shontz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/06 (352) 795-5220