

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # J71551

1. Entity Name
FLORABAMA FARMS, INC.



Principal Place of Business
**6404 MOBILE HWY
PENSACOLA, FL 32526-1261**

Mailing Address
**6404 MOBILE HWY
PENSACOLA, FL 32526-1261**



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2842469

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PAUL DAMICO
4201 MORELIA PLACE
PENSACOLA, FL 32514**

**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

(Typed 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAMICO, PAUL
STREET ADDRESS	4201 MORELIA PL
CITY-ST-ZIP	PENSACOLA, FL
TITLE	V
NAME	DAMICO, ROSEMARIE
STREET ADDRESS	8730 SCENIC HILLS DR
CITY-ST-ZIP	PENSACOLA, FL
TITLE	S
NAME	DAMICO, DANIEL
STREET ADDRESS	8730 SCENIC HILLS DR
CITY-ST-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000011265268
03/16/05-80049-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

PAUL DAMICO

3-11-05

850 944-6911

(Signature and typed or printed name of signing officer or director)

Date

Day/Time Phone #