

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 15, 2006 08:00 AM  
Secretary of State

DOCUMENT # K63534

1. Entity Name

M & L FARMS OF CHUMUCKLA, INC.



Principal Place of Business

C/O MARTIN D. GRISWOLD  
10113 CHUMUCKLA SPRINGS RD  
JAY FL 32565  
US

Mailing Address

C/O MARTIN D. GRISWOLD  
10113 CHUMUCKLA SPRINGS RD  
JAY FL 32565  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-2928332

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRISWOLD, MARTIN D.  
10113 CHUMUCKLA SPRINGS RD  
JAY FL 32565

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

*Martin D. Griswold (President)*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

2-11-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May  
Trust Fund Contribution. ☐ Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME GRISWOLD, MARTIN D.  
STREET ADDRESS 10113 CHUMUCKLA SPRINGS RD  
CITY-ST-ZIP JAY FL

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
U000000435082  
02/25/06-80028-008 150.00

TITLE DVP ☐ Delete  
NAME GRISWOLD, ANTHON L  
STREET ADDRESS RT3 BOX 689A  
CITY-ST-ZIP JAY FL 32565

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 (President)

SIGNATURE: *Martin D. Griswold* Martin D. Griswold 2-11-06 850-994-0651