2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-11-2007 90038 048 ***150.00
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TALLAHASSEE, FLORIDA

DOCUMENT # K84962

1. Entity Name
BLUEBERRY HILL FARM, INC.

Principal Place of Business	Mailing Address
% PETER A. MOOG 5900 N.W. 118TH ST REDDICK FL 32686	% PETER A. MOOG 131 WHITE AVE. UNIT B HOLMES BEACH FL 34217

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14775 NW Hwy 464B	14775 NW Hwy 464B
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Morriston Fl	City & State: Morriston, Fl
Zip: 32668 Country: USA	Zip: 32668 Country: USA

4. FEI Number 59-2956637 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOOG, PETER A. 131 WHITE AVE. UNIT B HOLMES BEACH FL 34217	Name: Sandra T. Moog Street Address (P.O. Box Number is Not Acceptable): 14775 NW Hwy 464B City: Morriston FL Zip Code: 32668

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: Sandra T Moog 2/27/07
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRUJILLO, SANDRA 12625 NW GAINESVILLE RD. REDDICK FL 32686	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T Sandra T. Moog 14775 NW Hwy 464B Morriston, Fl 32668	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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.

SIGNATURE: Sandra T Moog 2/27/07 (352)368 6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #