

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90013 040 ***150.00

40026885



01232008 Chg-P CR2E034 (12/06)

4. FEI Number **59-3011138** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

FARRIS, HARRY
4602 HIGHWAY 273
GRACEVILLE, FL 32440

7. Name and Address of New Registered Agent

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 _____

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FARRIS, HARRY	
STREET ADDRESS	4602 HIGHWAY 273	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARRIS, LUCRETIA	
STREET ADDRESS	4602 HIGHWAY 273	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SARGENT, DONALD	
STREET ADDRESS	20496 NORTHEAST BRIDGE AVENUE	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WARD, KEVIN R	
STREET ADDRESS	1177 FIRST AVE	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, BRIAN D	
STREET ADDRESS	4258 DUDE LANE	
CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MAYO, CARLIS M	
STREET ADDRESS	1233 SHORES RD	
CITY-ST-ZIP	ALFORD, FL 32420	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 the empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lucy W. Farris
Lucy W. Farris

2/14/08

850-263-7927