

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L47569

1. Entity Name
GLENN FARMS, INC.



Principal Place of Business

%T JOEL GLENN
353 SW HUGH LOOP
FORT WHITE, FL 32038

Mailing Address

%T JOEL GLENN
P O BOX 217
FORT WHITE, FL 32038



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3015458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLENN, T JOEL
367 SW KAYLA COURT
FT WHITE, FL 32038

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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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GLENN, T JOEL
STREET ADDRESS 367 SW KAYLA COURT
CITY-ST-ZIP FT WHITE, FL 32038

TITLE P
NAME GLENN, DEWEY V
STREET ADDRESS PO BOX 66
CITY-ST-ZIP FT WHITE, FL 32038

TITLE S
NAME GLENN, JUDY
STREET ADDRESS 367 SW KAYLA COURT
CITY-ST-ZIP FT WHITE, FL 32038

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000585263
01/16/07-80001-020 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07

Date

386-497-4151

Daytime Phone #