

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M76698

FILED
Jan 03, 2007
Secretary of State

Entity Name: SOUTHERN FARM SUPPLY, INC.

Current Principal Place of Business:

906 U.S. HWY. 301 NORTH
P.O. BOX 398
PALMETTO, FL 34221 US

New Principal Place of Business:

Current Mailing Address:

906 U.S. HWY. 301 NORTH
P.O. BOX 398
PALMETTO, FL 34221 US

New Mailing Address:

FEI Number: 65-0068995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, THOMAS W.
1201-6TH AVE. W.
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: SPENCER IV, ROBERT N
Address: 4820 RIVERVIEW BLVD.
City-St-Zip: BRADENTON, FL 34209

Title: DV () Delete
Name: HARRISON, THOMAS W
Address: 1201 6TH AVE. W.
City-St-Zip: BRADENTON, FL 34205

Title: DV () Delete
Name: TAYLOR, R. JAY,
Address: 1724 17TH ST. W.
City-St-Zip: PALMETTO, FL 34221

Title: DV () Delete
Name: MONETTE, WM. M
Address: 4808 1ST AVE. DR. N.W.
City-St-Zip: BRADENTON, FL 34209

Title: MVS () Delete
Name: COFFMAN, GARY L
Address: 1810 17TH ST. W.
City-St-Zip: PALMETTO, FL 34221

Title: DP () Delete
Name: HUME, THOMAS H JR.
Address: 3810 REDFISH CT.
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. COFFMAN

MVS

01/03/2007

Electronic Signature of Signing Officer or Director

_____ Date