

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90228 018 \*\*\*\*70.00

DOCUMENT # N05000000736

1. Entity Name

FLYING H FARMS, INC.



Principal Place of Business

31707 SUMMIT ST  
SORRENTO FL 32776

Mailing Address

31707 SUMMIT ST  
SORRENTO FL 32776

2. Principal Place of Business

17160 SE 249th Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1304

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/05)

City & State

Umatilla FL

City & State

Altamonte Florida

4. FEI Number

20-2138672

Applied For

Not Applicable

Zip

32784

Country

USA

Zip

32702

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUFFMAN, HOOPER  
31707 SUMMIT ST  
SORRENTO FL 32776

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

*Hooper Huffman* Hooper Huffman

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

NOTE: Registered Agent signature required when reinstating

DATE

4/19/06

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME HUFFMAN, HOOPER  
STREET ADDRESS 31707 SUMMIT ST  
CITY-ST-ZIP SORRENTO FL 32776

TITLE D ☒ Delete  
NAME WOLLIVER, BEVERLY  
STREET ADDRESS 31707 SUMMIT ST  
CITY-ST-ZIP SORRENTO FL 32776

TITLE D ☐ Delete  
NAME BRONSTON, JACK  
STREET ADDRESS 1143 S APOPKA BLVD  
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME Bonnie Hill  
STREET ADDRESS 17160 SE 249th Ave  
CITY-ST-ZIP Umatilla FLORIDA 32784

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

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

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

TITLE ☐ Change ☐ 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 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 617, 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:

*Hooper Huffman*

HOOPER HUFFMAN 4/19/06 (352) 516-9226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #