


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90006 050 ****70.00

DOCUMENT # N05000002255 1. Entity Name THE OLDE FARM, INC.					
Principal Place of Business 35 ZEBRA ST MIDDLEBURG, FL 32068			Mailing Address 35 ZEBRA ST MIDDLEBURG, FL 32068		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 32-0144120	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent CURTIS, GAIL 35 ZEBRA ST MIDDLEBURG, FL 32068	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURTIS, GAIL 35 ZEBRA ST MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CURTIS, MICHAEL 35 ZEBRA ST MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CURTIS, MICHAEL 35 ZEBRA ST MIDDLEBURG FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUTHRIE, LORI P.O. BOX 843 MIDDLEBURG, FL 32050	<input checked="" type="checkbox"/> Delete <i>Resigned</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, DEITER 5086 GRANNY PLACE KEYSTONE HEIGHTS FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLAYTON, MARA P.O. BOX 1980 MIDDLEBURG, FL 32050	<input checked="" type="checkbox"/> Delete <i>Resigned</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, PHILLIP 5543 CARTER SAUNDER RD MIDDLEBURG FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARANVILLE, SHAWNA 35 ZEBRA ST MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARANVILLE, SHAWNA 35 ZEBRA ST MIDDLEBURG FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>Gail M. Curtis</i> GAIL M CURTIS 7-17-06 904-291-3852 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					