

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 32-0144120	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CURTIS, GAIL
35 ZEBRA ST
MIDDLEBURG, FL 32068**

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURTIS, GAIL 35 ZEBRA ST MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CURTIS, MICHAEL 35 ZEBRA ST MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, DEITER 5086 GRANNY PLACE KEYSTONE HEIGHTS, FL 32856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, PHILLIP 5543 CARTER SPENCER RD MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARANVILLE, SHAWNA 35 ZEBRA ST MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000718697
05/01/07-80032-011 70.00

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: *Gail M. Curtis* **GAIL M. CURTIS** **4-12-07** **904-291-3852**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #