

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
08 JAN 17 PM 2: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
32-0144120

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CURTIS, GAIL
35 ZEBRA ST
MIDDLEBURG, FL 32068

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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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CURTIS, GAIL
STREET ADDRESS	35 ZEBRA ST
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	VTD
NAME	CURTIS, MICHAEL
STREET ADDRESS	35 ZEBRA ST
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	D
NAME	SCHNEIDER, DEITER
STREET ADDRESS	5086 GRANNY PLACE
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	D
NAME	SPENCER, PHILLIP
STREET ADDRESS	5543 CARTER SPENCER RD
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	DS
NAME	MARANVILLE, SHAWNA
STREET ADDRESS	35 ZEBRA ST
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/08--01005--001 **68.00

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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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-08 9042913852

Date

Daytime Phone #