

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003401

FILED
Apr 20, 2007
Secretary of State

Entity Name: FULLY INVOLVED FARMS INC.

Current Principal Place of Business:

2780 BROCKSMITH RD
FT. PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

572 SW ASTER RD.
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 20-2634482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ECONOMOU, CYNTHIA ANN
Address: 572 SW ASTER RD.
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D () Delete
Name: SIMMONS, BRIAN
Address: 1043 TRINIDAD AVE
City-St-Zip: FT. PIERCE, FL 34950

Title: D () Delete
Name: ZARAKAS, KAREN
Address: 3101 ASTER LN #1902
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: MOLL, PATRISHA
Address: 271 AUDUBON AVE
City-St-Zip: PORT ST. LUCIE, FL 34984

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: D (X) Change () Addition
Name: REYNOLDS, PATRISHA
Address: 271 AUDUBON AVE
City-St-Zip: PORT ST. LUCIE, FL 34984

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA ECONOMOU

DIR

04/20/2007

Electronic Signature of Signing Officer or Director

Date