

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jul 04, 2008  
Secretary of State

DOCUMENT# N05000003401

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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: REYNOLDS, 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: D (X) Change ( ) Addition  
Name: KIMMELMAN, SCOTT  
Address: 10619 PINE NEEDLE COVE  
City-St-Zip: FT. PIERCE, FL 34945

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: REYNOLDS, PATRISHA  
Address: 2780 S BROCKSMITH RD  
City-St-Zip: FT. PIERCE, FL 34945

I hereby certify that the information supplied with this filing does not qualify 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

07/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date