

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 30, 2008  
Secretary of State

DOCUMENT# N49741

Entity Name: FARM SHARE, INC.

**Current Principal Place of Business:**

UNIT #12  
STATE FARMERS MARKET  
FLORIDA CITY, FL 330343414 US

**Current Mailing Address:**

UNIT #12  
STATE FARMERS MARKET  
FLORIDA CITY, FL 330343414 US

**New Principal Place of Business:**

300 N KROME AVE, UNIT #12  
STATE FARMERS MARKET  
FLORIDA CITY, FL 330343414 US

**New Mailing Address:**

300 N KROME AVE, UNIT #12  
STATE FARMERS MARKET  
FLORIDA CITY, FL 330343414 US

FEI Number: 65-0342192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROBBINS, PATRICIA  
3350 SW 27TH AVE.  
UNIT 1204E  
COCONUT GROVE, FL 33133 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: HARTZ, CHARLES  
Address: 25 TAHITI BEACH ISLAND  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: C ( ) Delete  
Name: ROBBINS, PATRICIA,  
Address: 3350 SW 27TH AVE. UNIT 1204E  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: D ( ) Delete  
Name: KIRBY, TOM  
Address: 7965 SW 86TH ST #123  
City-St-Zip: MIAMI, FL 33173 US

Title: D ( ) Delete  
Name: WAINWRIGHT, ANN  
Address: 2000 W. RANDOLPH CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: D ( ) Delete  
Name: JONES, DARYL  
Address: 15820 SW 98 CT.  
City-St-Zip: MIAMI, FL 33157 US

Title: PCEO ( ) Delete  
Name: ROBBINS, MARK  
Address: 11274 OLD FEDERAL ROAD  
City-St-Zip: QUINCY, FL 32351 US

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

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

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

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: PATRICIA ROBBINS

C

04/30/2008

Electronic Signature of Signing Officer or Director

Date