2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000017601

1. Entity Name
COORDINATED FARM MANAGEMENT, INC.

Principal Place of Business	Mailing Address
6191 N. U.S. HWY 129	6191 N. U.S. HWY 129
BELL, FL 32619	BELL, FL 32619

DO NOT WRITE IN THIS SPACE

4006566o

02012007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3631208	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TARANTINO, DICK
6191 NORTH U.S. HWY 129
BELL, FL 32619

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BORDEN, STEVE
STREET ADDRESS	253 RT. 202
CITY-ST-ZIP	SOMERS, NY 10589

TITLE	sec - treas
NAME	Deborah Tarantino
STREET ADDRESS	6191 N US Hwy 129
CITY-ST-ZIP	Bell , FL 32619

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 607, 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: _____   4-10-07   386-935-9349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #