MAY-01-2007(TUE) 10:10

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May 02, 2007 8:00 am
Secretary of State
05-02-2007 90063 045 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000027584

1. Entity Name
DOUBLE CLEAR FARM, INC.

40098980

Principal Place of Business
14444 NW HWY.27
OCALA, FL 34482

Mailing Address
% JANICE DILL
PO BOX 1081
OCALA, FL 34478

2. Principal Place of Business - No P.O. Box #
11820 SW 121st Ave
Suite, Apt. #, etc.
City & State: Dunnellon, Fl
Zip: 34432 Country: USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04102007 Chg-P CR2E034 (12/06)

4. FEI Number: 59-3704945 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HAMPTON COOKE, MEGAN
14444 NW HWY.27
OCALA, FL 34482

7. Name and Address of New Registered Agent
Name: Megan Cooke
Street Address (P.O. Box Number is Not Acceptable): 11820 SW 121st Ave
City: Dunnellon FL Zip Code: 34432

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: MCooke 4/30/07
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAMPTON COOKE, MEGAN 14444 NW HWY 27 OCALA, FL 34482	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Megan Cooke 11820 SW 121st Ave Dunnellon, Fl 34432	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: MCooke 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #