

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000001198

1. Entity Name

WEED PATCH FARM, INC.



APPROVED  
AND  
FILED

07 APR 27 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

3961 WAUKEENAH HIGHWAY  
MONTICELLO FL 32344

Mailing Address

3961 WAUKEENAH HIGHWAY  
MONTICELLO FL 32344

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 58-2537058

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOTTCHER, JOHN C  
3961 WAUKEENAH HWY  
MONTICELLO FL 32344

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**  
**Make Check Payable to Florida Department of State**

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 P ☐ Delete  
NAME BOTTCHER, JOHN C  
STREET ADDRESS 3961 WAUKEENAH HWY  
CITY- ST- ZIP MONTICELLO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VS ☐ Delete  
NAME BOTTCHER, ROSEMARY O  
STREET ADDRESS 3961 WAUKEENAH HWY  
CITY- ST- ZIP MONTICELLO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

April 22, 07 850 997-2722