2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2007 08:00 AM Secretary of State

ANNUAL REPURI				
DOCUMENT # P01000011714 1. Entity Name MOSLEY FARMS, INC.				

Principal Place of Business

9719 COUNTY RD 325 HAMPTON, FL 32044

SIGNATURE: _

Mailing Address

P.O.BOX 293 HAMPTON, FL 32044

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01302007	No Chg-P	CR2E034 (1	1/05)
4. FEI Number 59.3697314			Applied For
			Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

REDDISH, & WHITE 134 EAST CALL STREET STARKE, FL 32091

DO NOT WRITE IN THIS SPACE

8. The above the obligat	e named entity submits this statement for the pritions of registered agent	urpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tills if	applicable (NOTE: Registered	d Agent signature	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.		icing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSLEY, LLOYD R 9719 COUNTY RD 325 HAMPTON, FL 32044				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDA, MOSLEY 9719 COUNTY RD 325 HAMPTON, FL 32044				U00000640563 02/28/07-80072-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this fiting 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.					