2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000050899

1. Entity Name
RUNNER'S DREAM FARM, INC.

Principal Place of Business	Mailing Address
PO BOX 100 SAN ANTONIO, FL 33576	PO BOX 100 SAN ANTONIO, FL 33576

DO NOT WRITE IN THIS SPACE

02042008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3730148	Not Applicable

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

6. Name and Address of Current Registered Agent

HOPEWELL, KAREN
30841 DEER RUN RD
DADE CITY, FL 33523

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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 X _Francis Hopewell_

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE 2/7/08

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

02/19/08-80065-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HOPEWELL, FRANCIS
STREET ADDRESS	PO BOX 100
CITY-ST-ZIP	SAN ANTONIO, FL 33576
TITLE	DS
NAME	HOPEWELL, KAREN
STREET ADDRESS	PO BOX 100
CITY-ST-ZIP	SAN ANTONIO, FL 33576
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _Francis Hopewell_   2/7/08

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