

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90084 016 ***150.00

| | | | | | | | | | | | | | | | |
|---|--|---|---|--|--|------|---------------------|--|-----------------|------|-------|-------|----|----------|-------|
| DOCUMENT # P01000055191 | | | | | | | | | | | | | | | |
| 1. Entity Name AMERICAN FARM FINANCIAL, INC. | | | | | | | | | | | | | | | |
| Principal Place of Business 1726 CYPRESS CREEK RD. LUTZ, FL 33559 | | | Mailing Address 1726 CYPRESS CREEK RD. LUTZ, FL 33559 | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 1327 Haven Bend | | 3. Mailing Address 1327 Haven Bend | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | | | | | | |
| City & State Tampa, FL | | City & State Tampa, FL | | 4. FEI Number 59-3731737 | | | | | | | | | | | |
| Zip 33613 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent WOLDING, CARLYLE M 1726 CYPRESS CREEK RD LUTZ, FL 33559 | | | 7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Name</td> <td style="padding: 2px;">Wolding, Carlyle M.</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td style="padding: 2px;">1327 Haven Bend</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Tampa</td> </tr> <tr> <td style="padding: 2px;">State</td> <td style="padding: 2px;">FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td style="padding: 2px;">33613</td> </tr> </table> | | | Name | Wolding, Carlyle M. | Street Address (P.O. Box Number is Not Acceptable) | 1327 Haven Bend | City | Tampa | State | FL | Zip Code | 33613 |
| Name | Wolding, Carlyle M. | | | | | | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) | 1327 Haven Bend | | | | | | | | | | | | | | |
| City | Tampa | | | | | | | | | | | | | | |
| State | FL | | | | | | | | | | | | | | |
| Zip Code | 33613 | | | | | | | | | | | | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | |
| TITLE | P WOLDING, CARLYLE M 1726 CYPRESS CREEK ROAD LUTZ, FL 33559 | <input type="checkbox"/> Delete | TITLE | P Wolding, Carlyle M. 1327 Haven Bend Tampa, FL 33613 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | |
| NAME | | | NAME | | | | | | | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | | | | | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | | | | | | | | | | | |
| TITLE | VP CATON, RONALD L 1327 HAVEN BEND TAMPA, FL 33613 | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | |
| NAME | | | NAME | | | | | | | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | | | | | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | |
| NAME | | | NAME | | | | | | | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | | | | | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | |
| NAME | | | NAME | | | | | | | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | | | | | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | |
| NAME | | | NAME | | | | | | | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | | | | | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | | | | | | | | | | | |
| 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: | | Ronald Caton | | 4/18/07 813-949-0985 | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | | | | | | | | | | | |