

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000106674

1. Entity Name
PARRAMANS WORM FARM, INC.



FILED
Apr 26, 2007 08:00 AM
Secretary of State

Principal Place of Business
10730 JIM EDWARDS RD
HAINES CITY, FL 33844

Mailing Address
10730 JIM EDWARDS RD
HAINES CITY, FL 33844



DO NOT WRITE IN THIS SPACE

04232007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3756623
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARRAMORE, GARY
10730 JIM EDWARDS RD
HAINES CITY, FL 33844

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PARRAMORE, GARY
STREET ADDRESS 10730 JIM EDWARDS RD
CITY-ST-ZIP HAINES CITY, FL 33844

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U000000732897
05/09/07-80063-025 150.00

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:

Mary Parramore

Gary Parramore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

Date

863-439-3885

Citywide Phone #