

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000008053

1. Entity Name
GRAYSON PUCKETT FERNERIES, INC.



Principal Place of Business
**5841 LAKE WINONA RD
DELEON SPRINGS, FL 32330**

Mailing Address
**5841 LAKE WINONA RD
DELEON SPRINGS, FL 32330**



07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0533125	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PUCKETT, RONALD G
5841 LAKE WINONA RD
DELEON SPRINGS, FL 32330**

**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

000000768371
07/12/07-80007-007 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PUCKETT, RONALD G
STREET ADDRESS	5841 LAKE WINONA RD
CITY - ST - ZIP	DELEON SPRINGS, FL 32330
TITLE	S
NAME	PUCKETT, CARINE
STREET ADDRESS	5841 LAKE WINONA RD
CITY - ST - ZIP	DELEON SPRINGS, FL 32330
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-9-07