


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000054156	
1. Entity Name SCOPELAND FARMS, INC.	

Principal Place of Business 10060 S.E. 126TH BOULEVARD OKEECHOBEE, FL 34974	Mailing Address 10060 S.E. 126TH BOULEVARD OKEECHOBEE, FL 34974
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0698856	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCOPELITIS, JAMES 10060 S.E. 126TH BOULEVARD OKEECHOBEE, FL 34974
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOPELITIS, JAMES 10060 S.E. 126TH BOULEVARD OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCOPELITIS, DOROTHY 10060 S.E. 126TH BOULEVARD OKEECHOBEE, FL 34974
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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: <u>Dorothy Scopelitis</u> (DOROTHY SCOPELITIS) <u>1/10/07</u> <u>863-763-9090</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>