


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000057833</b> 1. Entity Name LONG CREEK FARMS, INC.	
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Principal Place of Business

998 HICKORY TREE LANE  
CRESTVIEW, FL 32539

Mailing Address

998 HICKORY TREE LANE  
CRESTVIEW, FL 32539

**DO NOT WRITE IN THIS SPACE**



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 86-1053150	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETERSON, JOHN  
912 S PALM BLVD STE E  
NICEVILLE, FL 32578

**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, 2005 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORD, LARRY D 998 HICKORY TREE LANE CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORD, CAROL ANN 998 HICKORY TREE LANE CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROOKE, JAMES J JR 998A HICKORY TREE LN CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROOKE, THERESA J 998A HICKORY TREE LN CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000325591  
04/23/05-80023-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 # \_\_\_\_\_