

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109502

Entity Name: D & G FARMING, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

815 BROWARD AVE
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

815 BROWARD AVE
LABELLE, FL 33935

New Mailing Address:

P.O BOX 3509
IMMOKALEE, FL 34143

FEI Number: 13-4215485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRERA, DAVID SR.
815 BROWARD AVE
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HERRERA, DAVID SR.
Address: 815 BROWARD AVE.
City-St-Zip: LABELLE, FL 33935

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HERRERA, DAVID SR.
Address: 815 BROWARD AVE.
City-St-Zip: LABELLE, FL 33935

Title: VP () Change (X) Addition
Name: HERRERA, GUADALUPE
Address: 498 LEBREE AVE S.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: S () Change (X) Addition
Name: HERRERA, MELINDA
Address: 1211 LEE ST
City-St-Zip: IMMOKALEE, FL 34142

Title: T () Change (X) Addition
Name: HERRERA, RICARDO
Address: 1211 LEE ST
City-St-Zip: IMMOKALEE, FL 34142

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELINDA HERRERA

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04/26/2007

Electronic Signature of Signing Officer or Director

Date