

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000112879

Entity Name: LAROCCA FARMS, INC.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

622 S. W. 5TH AVENUE  
FLORIDA CITY, FL 33034 US

**New Principal Place of Business:**

**Current Mailing Address:**

622 S. W. 5TH AVENUE  
FLORIDA CITY, FL 33034 US

**New Mailing Address:**

FEI Number: 05-0543338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPEERS, JOANN L  
622 S. W. 5TH AVENUE  
FLORIDA CITY, FL 33034 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DELLIVENERI, ANGELA L  
Address: 622 SW 5TH AVENUE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: VPRE  
Name: SPEERS, JOANN L  
Address: 622 SW 5TH AVENUE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: SECT  
Name: SPEERS, JOANN L  
Address: 622 SW 5TH AVENUE  
City-St-Zip: FLORIDA CITY, FL 33034

I hereby 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 all other like empowered.

SIGNATURE: JOANN SPEERS

SECT

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date