

FILED
Mar 31, 2008 08:00 A
Secretary of State

1. Entity Name
LEE'S SHILOH FARMS, INC.



Principal Place of Business
1605 COUNTRY WALK DRIVE
ORANGE PARK, FL 32003

Mailing Address
1605 COUNTRY WALK DRIVE
ORANGE PARK, FL 32003

DO NOT WRITE IN THIS SPACE



03262008 No Chq-P CR2E034 (11/05)

4. FEI Number
05-0550602

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLS, JOHN W
1329 KINGSLEY AVENUE
SUITE D
ORANGE PARK, FL 32073

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEE, DAVID
STREET ADDRESS	1605 COUNTRY WALK DR.
CITY-ST-ZIP	ORANGE PARK, FL 32003

TITLE	VPST
NAME	LEE, CRISTAL
STREET ADDRESS	1605 COUNTRY WALK DR.
CITY-ST-ZIP	ORANGE PARK, FL 32003

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

04/11/08-80031-006 150.00

**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

3-26-08 (904) 264-1586

Late

Daytime Phone: _____