

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089125

FILED
Apr 19, 2007
Secretary of State

Entity Name: BLOODLINE FARMS CORPORATION

Current Principal Place of Business:

2301 SW 55TH STREET
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

2301 SW 55TH STREET
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 36-3954442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOMAR, HAMMETT & ODOM, CPA'S PA
5353 SW COLLEGE RD.
OCALA, FL 34474 US

Name and Address of New Registered Agent:

HAMMETT, JOHN R CPA
7280 SW HWY 200
OCALA, FL 34476 US

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: JOHN R HAMMETT CPA

04/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JUNKUNC, STEPHEN IV
Address: 2301 SW 55TH STREET
City-St-Zip: Ocala, FL 34474 US

Title: SD () Delete
Name: JUNKUNC, VIVIAN S
Address: 2301 SW 55TH STREET
City-St-Zip: Ocala, FL 34474 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN JUNKUNC IV

PD

04/19/2007

Electronic Signature of Signing Officer or Director

Date