

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000089333

1. Entity Name

CRITTER CREEK FARM AND GARDEN, INC.



Principal Place of Business

4200 DUNDEE RD
WINTER HAVEN, FL 33884

Mailing Address

4200 DUNDEE RD
WINTER HAVEN, FL 33884



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

37-1473244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROCK, DENNIS D
4200 DUNDEE RD
WINTER HAVEN, FL 33884

**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] D.P.

1-14-05

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 \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000187114

01/21/05-80085-024 150.00

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME KEHOE, J. ROBERT
STREET ADDRESS 4200 DUNDEE RD
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE V PR
NAME BROCK, DENNIS D
STREET ADDRESS 4200 DUNDEE RD
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE S/TR
NAME KEHOE, JOYCE M
STREET ADDRESS 4200 DUNDEE RD
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 807, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-05

Date

863.326244

Daytime Phone #