## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Z

FILED Mar 28, 2007 08:00 Al Secretary of State

3523518402

Daytime Phone #

1. Entity Nam	MENT # P04000021 FARM, INC.	62		7	Se	ecretary of Stat
Principal Plac 6601 NW 52 OCALA, FL 3	ND AVE	Mailing Address 6601 NW 52ND AVE OCALA, FL 34482	-	The second secon		
	O NOT WRITE  6. Name and Address of Current Re	CE	02152007 4. FEI Numb 90-013	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8,75 Additional Fee Required	
CANDOW, CLAYTON 6601 NW 52ND AVE OCALA, FL 34482			DO NOT WRITE IN THIS SPACE			
the obligat	named entity submits this statement for the ions of registered agent.  Signature typed or printed name of registered agent and to the typed or printed name of registered agent and to the typed or printed name of registered agent and to the typed or printed name of registered agent and to the typed or typed o	-	d Agent signature required			DATE 158.75
TO.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  THLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE	OFFICERS AND DIF PT CANDOW, CLAYTON 6601 NW 52 AVE OCALA, FL 34482 VS CANDOW, DONNA 6601 NW 52 AVE OCALA, FL 34482	ECTORS			NOT W	'RITE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	ertify that the information supplied with the on this report or supplemental report is true	s filing does not qualify for the ex	emptions contained			
indicated of the cor changed,	on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with	e and accurate and that my signa red to execute this report as requi all other like empowered.	ture shall have the red by Chapter 607	same legal effec 7, Florida Statute	ot as if made under ones; and that my hame	oath; that I am an officer or director e appears in Block 10 or Block 11 if