2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P0400002162 1. Entity Name CANDOW FARM, INC.							EL CONTO	04-28-2008	90375 0	32 ***15	50.00
Principal Place of Business			-	Mailing Address				,			
6601 NW 52ND AVE OCALA, FL 34482				6601 NW 52ND AVE OCALA, FL 34482							IBNES II 1881
2. Principal P	Place of Busin	3. Mailir	3. Mailing Address								
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			03062008	Chg-P	CR2E0	34 (12/06))
City & State				City & State			4. FEI Number 90-01358				pplied For lot Applicable
Zip		Country	Zip	Zip Coun			5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
6. Name and Address of Current Re				Agent		Name	7. Name and	Address of New F	egistered /	\gent	-
CANDOW, CLAYTON											
6601 NW 5					Street Address (P.O. Box Number is Not Acceptable)						
00/12/1/1	2 0 1 1 0 2										
						City			FL	Zip Cod	de
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 traine of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE											
		FEE IS \$150.00 8 Fee will be \$550		Election Campa Trust Fund Cont			55.00 May Be dded to Fees		•		
10.	l DT	OFFICERS AND	DIRECTOR		11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS.	CHANGES TO OFF	ICERS AND		
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TITLE NAME	VS Delete ITILE CANDOW, DONNA NAM					l l				☐ Change	Addition
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12. Thereby certify that the information supplied with this filling 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 without address, with all other like empowered.											
SIGNATURE: SIGNATURE AND TYPED ON ADMINITED IN HOME OF SIGNING OFFICER OR DIRECTOR Date Date											
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