## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 05, 2007 8:00 am Secretary of State

DOCUMENT # P0400039000  1. Entity Name LAKE HUNTLEY BULB FARM INC						02-05-200	7 90116 0	02 ***15	0.00	
Principal Plac	e of Business	Mailing Address								
PO BOX 1474 LAKE PLACID, FL 33862 US		PO BOX 1474 LAKE PLACID, FL 33862 US				60012449				
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192007	Chg-P	CR2E0	34 (12/06)		
City & State		City & State			4. FEI Numbe			<u> </u>	plied For	
Zip Country		Zip Cou		try	20-0847503			\$8.75 Add	t Applicable	
	,		Joan		5. Certificate	of Status Desired		Fee Require		
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New	Registered A	gent		
COLLEY, FRANCES A				Name						
209 US 27	SOUTH,			Street Address (P.O. Box Number is Not Acceptable)						
LAKE PLA	CID, FL 33852			<u> </u>				<del></del>		
				City				Zip Code	e	
8. The above named entity submits this statement for the purpose of changing its register.				,	·		FL			
the obligat	tions of registered agent.	or trie purpose of chan	iging its registere	ea office or regi	istered agent, or bott	i, in the State of F	-iorida. ⊥am t	amiliar with,	and accept	
SIGNATURE.	•									
SIGITATORIE.	Signature, typed or printed name of registered agen	t and title if applicable	(NOTE Registered	d Agent signature rec	jured when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	l	Campaign Finan nd Contribution.	ncing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND	D DIRECTORS	11,		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	
TITLE	Р	☐ Dele						☐ Change	Addition	
NAME STREET ADDRESS	HOLMES, WILLIAM J 140 RAINEY ROAD		NAME	E Et address						
CITY-ST-ZIP	LAKE PLACID, FL 33852			SI ZIP						
THLE		☐ Dela	ate MLE	-			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE		☐ Dele			<del></del>			☐ Change	☐ Addition	
NAME			NAME					onenge		
STREET ADDRESS				ET ADDRESS						
CHTY-ST-ZIP				· ST ZIP						
TITLE NAME		☐ Dele	ele TITLE NAME					☐ Change	Addition	
STREET ADDRESS				ET ADDRESS						
CITY - ST - ZIP				ST ZIP						
TITLE		☐ Dele	ete TITLE					☐ Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP						
TITLE		□ Dele				<u> </u>		Characa Characa		
NAME		L. Dete	ete IIILE NAME					☐ Change	Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	i		CITY	E1 //B						

12. I hereby 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 with an address, with all other like empowered.

SIGNATURE: Waller Hofe OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PAGES I ACT DOLLAR PROPERTY PROP