


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000080979

1. Entity Name
BELVEDERE FARMS, INC.



Principal Place of Business
13000 NW 90 AVE
REDDICK, FL 32686

Mailing Address
13000 NW 90 AVE
REDDICK, FL 32686

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1112252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRASWELL, JULIA
13000 NW 90 AVE
REDDICK, FL 32686

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRASWELL, JULIA 13000 NW 90 AVE REDDICK, FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRASWELL, ANNE 9855 SW 90 AVE MIAMI, FL 33176
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12. I hereby certify that the information supplied with this filing 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: *Julie Braswell* **1/4/08 (352) 7323338**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #