2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# P04000085953

Entity Name: SILLY FARM SUPPLIES, INC.

Current Principal Place of Business:

1870 W STATE RD 84 SUITE C-12
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

1870 W STATE RD 84
SUITE C-12
DAVIE, FL 33325

New Mailing Address:

FEI Number: 03-0542838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BANKS, HEATHER PRES
11870 WEST STATE RD 84
C-12
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BANKS, HEATHER A
Address: 1870 W STATE RD 84 SUITE C-12
City-St-Zip: DAVIE, FL 33325

Title: VD ( ) Delete
Name: BANKS, CLAUDIA
Address: 1870 W STATE RD 84 SUITE C-12
City-St-Zip: DAVIE, FL 33325

Title: S ( ) Delete
Name: WOLF, PATRICIA M
Address: 1870 W STATE RD 84 SUITE C-12
City-St-Zip: DAVIE, FL 33325

Title: T ( ) Delete
Name: MURAD, MARCELA
Address: 1870 W STATE RD 84 SUITE C-12
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA BANKS PRES 03/05/2008
Electronic Signature of Signing Officer or Director Date