

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000052059

Entity Name: SHABO/CARTER FARM, INC.

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7419 US HIGHWAY 19  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

7419 US HIGHWAY 19  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

FEI Number: 20-2688153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARTER, DAVID R  
7419 US HIGHWAY 19  
NEW PORT RICHEY, FL 34652 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SHABO, MICHAEL  
Address: 7419 US HIGHWAY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DVST  
Name: CARTER, DAVID R  
Address: 7419 US HIGHWAY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby 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 all other like empowered.

SIGNATURE: DAVID R. CARTER

VP

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date