2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2006
Secretary of State

DOCUMENT# P05000076699

Entity Name: PETRA FARM OF MARION COUNTY, INC.

Current Principal Place of Business:

3040 NE 97TH ST ROAD
ANTHONY, FL 32617

New Principal Place of Business:

Current Mailing Address:

P O BOX 178
ANTHONY, FL 32617

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRONMILLER, SHARON A
3040 NE 97TH ST ROAD
ANTHONY, FL 32617 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: SHARON CRONMILLER

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: CRONMILLER, SHARON A
Address: P O BOX 178
City-St-Zip: ANTHONY, FL 32617

Title: VP ( ) Delete
Name: GISELBACH, KRISTINA
Address: P O BOX 178
City-St-Zip: ANTHONY, FL 32617

Title: S/T ( ) Delete
Name: CRONMILLER, DENNIS R
Address: P O BOX 178
City-St-Zip: ANTHONY, FL 32617

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON CRONMILLER MS 10/10/2006

Electronic Signature of Signing Officer or Director Date