2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000117398

Entity Name: BRAEMAR FARM, INC.

City-St-Zip:

BRONSON, FL 32621

FILED May 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 305 NE 1ST STREET GAINESVILLE, FL 32601 **Current Mailing Address: New Mailing Address:** 305 NE 1ST STREET GAINESVILLE, FL 32601 FEI Number: 20-3846583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EDINGER, GARY S 305 NE 1ST STREET GAINESVILLE, FL 32601 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ROBINS, DEBORAH C Name: Name: 8851 NE 92ND CT Address: Address: City-St-Zip: BRONSON, FL 32621 City-St-Zip: Title: Title: () Change () Addition () Delete Name: COUTTS, DONNA M Name: 8851 NE 92ND CT Address: Address: BRONSON, FL 32621 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition COUTTS, WILLIAM R II Name: Name: 8851 NE 92ND CT Address: Address:

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.

City-St-Zip:

SIGNATURE: DEBORAH C ROBINS D 05/03/2007