

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90049 010 ***150.00

DOCUMENT # P05000123261	
1. Entity Name TWO CHICKS FREE RANGE FARM, INC.	

Principal Place of Business 1556 CHANDLEE AVE PANAMA CITY, FL 32405	Mailing Address 1556 CHANDLEE AVE PANAMA CITY, FL 32405
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

40029001



02072007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3471967	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOWREY, REBECCA 1556 CHANDLEE AVE PANAMA CITY, FL 32405	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u>Rebecca L. Long</u> DATE <u>3/02/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P/D <input type="checkbox"/> Delete NAME LOWREY, REBECCA STREET ADDRESS 1556 CHANDLEE AVE CITY-ST-ZIP PANAMA CITY, FL 32405	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP/T <input type="checkbox"/> Delete NAME LOWREY, REBECCA STREET ADDRESS 1556 CHANDLEE AVE CITY-ST-ZIP PANAMA CITY, FL 32405	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE S <input type="checkbox"/> Delete NAME LOWREY, REBECCA STREET ADDRESS 1556 CHANDLEE AVE CITY-ST-ZIP PANAMA CITY, FL 32405	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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.
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SIGNATURE: <u>Rebecca L. Long</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>3/02/07</u> Daytime Phone # <u>850-819-9500</u>
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