

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90021 026 \*\*\*150.00

**DOCUMENT # P05000133829**

1. Entity Name

FLORIDA CRACKERS FARM AND PET SUPPLY, INC.



Principal Place of Business

28343 CORTEZ BLVD.  
BROOKSVILLE FL 34602

Mailing Address

28343 CORTEZ BLVD.  
BROOKSVILLE FL 34602

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3917 Hancock Lake Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8

City & State

City & State

Brooksville FL

Zip

Country

Zip

34602

Country

4. FEI Number

20-3562751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELCH, JOHN H  
28343 CORTEZ BLVD.  
BROOKSVILLE FL 34602

Name

Street Address (P.O. Box Number is Not Acceptable)

3917 Hancock Lake Rd.

City

Brooksville

FL

Zip Code

34602

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when nominating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WELCH, ROBBIE A	
STREET ADDRESS	28343 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3917 Hancock Lake Rd.	
CITY-ST-ZIP	Brooksville, FL 34602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

*Robbie A. Welch* Robbie A. Welch

1/30/08

813-690-3219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #