2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P05000134148

1. Entity Name
BUNNELL FEED & SUPPLY, INC.

Principal Place of Business	Mailing Address
1501 E. MOODY BLVD. BUNNELL, FL 32110 US	P.O. BOX 1176 BUNNELL, FL 32110 US

01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3630268
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POLK, THOMAS O SR
1290 COUNTY ROAD 65
BUNNELL, FL 32110

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POLK, THOMAS O SR
STREET ADDRESS	1290 COUNTY ROAD 65
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	VP
NAME	POLK, TINA L
STREET ADDRESS	1290 COUNTY ROAD 65
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	SEC
NAME	SEAY, JAIME
STREET ADDRESS	1970 COUNTY ROAD 302
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	TR
NAME	POLK, THOMAS O JR
STREET ADDRESS	3031 REX DRIVE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/08-80006-018 150.00

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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.

SIGNATURE: Thomas O Polk Thomas O Polk 3/1/08 386-437-2032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #