

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000149163

Entity Name: DOYLE FARMS, INC.

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

807 SE CORINTH CHURCH ROAD
LEE, FL 32059 US

New Principal Place of Business:

607 SE CALL DRIVE
LEE, FL 32059 US

Current Mailing Address:

807 SE CORINTH CHURCH ROAD
LEE, FL 32059 US

New Mailing Address:

607 SE CALL DRIVE
LEE, FL 32059 US

FEI Number: 20-4344977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOYLE, JOSEPH A
807 SE CORINTH CHURCH ROAD
LEE, FL 32059 US

Name and Address of New Registered Agent:

DOYLE, JOSEPH A
607 SE CALL DRIVE
LEE, FL 32059 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:

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOYLE, JOSEPH A
Address: 807 SE CORINTH CHURCH ROAD
City-St-Zip: LEE, FL 32059 US

Title: VP () Delete
Name: DOYLE, EDNA F
Address: 807 SE CORINTH CHURCH ROAD
City-St-Zip: LEE, FL 32059 US

Title: S () Delete
Name: DOYLE, EDNA F
Address: 807 SE CORINTH CHURCH ROAD
City-St-Zip: LEE, FL 32059 US

Title: T () Delete
Name: FLOWERS, RETIS C
Address: 2389 SE MIDWAY CHURCH ROAD
City-St-Zip: LEE, FL 32059 US

Title: D () Delete
Name: FLOWERS, JANICE A
Address: 2389 SE MIDWAY CHURCH ROAD
City-St-Zip: LEE, FL 32059 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOYLE, JOSEPH A
Address: 607 SE CALL DRIVE
City-St-Zip: LEE, FL 32059 US

Title: VP (X) Change () Addition
Name: DOYLE, EDNA F
Address: 607 SE CALL DRIVE
City-St-Zip: LEE, FL 32059 US

Title: S (X) Change () Addition
Name: DOYLE, EDNA F
Address: 607 SE CALL DRIVE
City-St-Zip: LEE, FL 32059 US

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 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: EDNA F DOYLE

VP

04/29/2007

Electronic Signature of Signing Officer or Director

Date