

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000002885

Entity Name: FARM LAND SUPPORT SERVICES, INC

FILED  
Aug 14, 2007  
Secretary of State

**Current Principal Place of Business:**

16233 NE 21ST  
GAINESVILLE, FL 32609

**New Principal Place of Business:****Current Mailing Address:**

16233 NE 21ST  
GAINESVILLE, FL 32609

**New Mailing Address:**

FEI Number: 02-0764937      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMMONS, ALFREDA J  
16233 NE 21ST  
GAINESVILLE, FL 32609 US

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SIMMONS, ALVIN  
Address: 16233 NE 21ST  
City-St-Zip: GAINESVILLE, FL 32609

Title: VP ( ) Delete  
Name: SIMMONS, CENDRA V  
Address: PO BOX 5381  
City-St-Zip: ROUND ROCK, TX 78683

Title: SEC ( ) Delete  
Name: COOK, LUVONIA  
Address: 424 NE 19TH STREET  
City-St-Zip: GAINESVILLE, FL 32601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALVIN SIMMONS

PRES

08/14/2007

Electronic Signature of Signing Officer or Director

Date