

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000058906

Entity Name: GALLOWAYS FARM, INC.

**FILED**  
**Jun 20, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5400 PINETREE ROAD  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

5400 PINETREE ROAD  
PARKLAND, FL 33067

**Current Mailing Address:**

5400 PINETREE ROAD  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

5400 PINETREE ROAD  
PARKLAND, FL 33067

FEI Number: 20-4773147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEWTON, ELLEN  
5400 PINETREE ROAD  
CORAL SPRINGS, FL 33067 US

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

NEWTON-SCOFIELD, ELLEN  
5400 PINETREE ROAD  
PARKLAND, FL 33067 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: ELLEN NEWTON SCOFIELD

06/20/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCOFIELD, KENDRICK  
Address: 5400 PINETREE RD  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S  
Name: NEWTON-SCOFIELD, ELLEN  
Address: 5400 PINETREE RD  
City-St-Zip: CORAL SPRINGS, FL 33067 US

I hereby 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 all other like empowered.

SIGNATURE: ELLEN MARGARET NEWTON SCOFIELD

S

06/20/2010

Electronic Signature of Signing Officer or Director

Date