2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 09, 2008 8:00 am
Secretary of State
03-25-2008 90006 033 ***150.00

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1. Entity Name
BLC FARMS, INC.

66006166

Principal Place of Business	Mailing Address
4661 WOOD AVENUE JACKSONVILLE, FL 32207 US	4661 WOOD AVENUE JACKSONVILLE, FL 32207 US

02282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5334669
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOWERS, CHARLES R II
4661 WOOD AVENUE
JACKSONVILLE, FL 32207

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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 Charles R Towers II DATE 4/8/08
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 D
NAME	TOWERS, CHARLES R II
STREET ADDRESS	4661 WOOD AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VP D
NAME	FRICK, EARL W
STREET ADDRESS	5065 ST. AUGUSTINE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	ST D
NAME	ARMSTRONG, EVELYN O
STREET ADDRESS	4661 WOOD AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Charles R Towers II 4/8/08 (904)3464499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #