

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-24-2007 90011 019 ***150.00

DOCUMENT # P06000126719

1. Entity Name
SAMPLE ROAD FARM STORE, INC.



Principal Place of Business
5843 MARGATE BLVD
MARGATE, FL 33063

Mailing Address
5843 MARGATE BLVD
MARGATE, FL 33063

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-5677063

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, MICHAEL W
120 EAST PALMETTO PARK RD
100
BOCA RATON, FL 33432

Name

FRANK TROPEPE

Street Address (P.O. Box Number is Not Acceptable)

5843 MARGATE BLVD

City

MARGATE

FL

Zip Code

33063

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.

Frank Tropepe FRANK TROPEPE

4/10/07

FILE NOW! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME TROPEPE, FRANK
STREET ADDRESS 5843 MARGATE BLVD
CITY- ST- ZIP MARGATE, FL 33063 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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: *Frank Tropepe* FRANK TROPEPE

4/10/07

954-972-1711