

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000064407

FILED
Jan 07, 2008
Secretary of State

Entity Name: ESTATES FEED & SUPPLY GENERAL STORE INC.

Current Principal Place of Business:

12445 COLLIER BLVD. #A
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

12445 COLLIER BLVD.
NAPLES, FL 34116

New Mailing Address:

FEI Number: 61-1531342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLABY, JOHN
2861 4TH AVE SE
NAPLES, FL 34117 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SLABY, JOHN
Address: 2861 4TH AVE SE
City-St-Zip: NAPLES, FL 34117

Title: VP () Delete
Name: SLABY, JULIAN
Address: 2861 4TH AVE SE
City-St-Zip: NAPLES, FL 34116

Title: S () Delete
Name: RHODARMER, KATHY
Address: 12445 COLLIER BLVD #A
City-St-Zip: NAPLES, FL 34116

Title: EVP () Delete
Name: MURRAY, RUSSELL
Address: 12445 COLLIER BLVD. #A
City-St-Zip: NAPLES, FL 34116

Title: T () Delete
Name: RINEHART, PAMELA
Address: 12445 COLLIER BLVD. #A
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: GOWETT, LINDA JAY
Address: 12445 COLLIER BLVD. #A
City-St-Zip: NAPLES, FL 34116

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:

Title: () Change () Addition
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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: JOHN SLABY

P

01/07/2008

Electronic Signature of Signing Officer or Director

Date