

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90029 006 \*\*\*150.00

**DOCUMENT # P07000086984**

1. Entity Name  
**LENNARD FARMS, INC.**



Principal Place of Business

2721 11TH AVE. SE  
RUSKIN, FL 33570

Mailing Address

2721 11TH AVE. SE  
RUSKIN, FL 33570

**66015965**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07102008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

**20-8933190**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LENNARD, J. DANIEL**  
2721 11TH AVE. SE  
RUSKIN, FL 33570

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

*Debbie Lennard*

**7/10/08**

Sign, use, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LENNARD, J. DANIEL	
STREET ADDRESS	P. O. BOX 1117	
CITY- ST- ZIP	RUSKIN, FL 33575	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LENNARD, WILLIAM A	
STREET ADDRESS	2721 11TH AVE. SE	
CITY- ST- ZIP	RUSKIN, FL 33570	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LENNARD, DEBORAH	
STREET ADDRESS	2721 11TH AVE. SE	
CITY- ST- ZIP	RUSKIN, FL 33570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE:

*Debbie Lennard*

**7/10/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

ATTACHMENT

66015965

# 007000086984

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LENNARD FARMS INC

2721 11th Ave SE  
Ruskin, FL 33570

July/10/2008

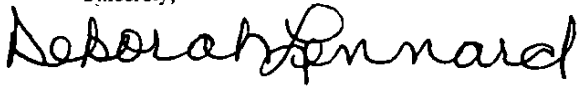
To whom it may concern:

We are writing to have the late penalty abated. This is the first notice we have received regarding the renewal of the annual report. The notice we received was an intent to dissolve.

So enclosed is the \$150.00 to renew the annual report.

Thank you so much for your time in helping solve the penalty. If more information is needed please feel free to call 813-918-4320.

Sincerely,



Deborah Lennard