

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000067708

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** AUBREY'S TROPICAL FARM, INC.

**Current Principal Place of Business:**

850 HWY 630 WEST  
FROSTPROOF, FL 33843 US

**New Principal Place of Business:**

**Current Mailing Address:**

850 HWY 630 WEST  
FROSTPROOF, FL 33843 US

**New Mailing Address:**

**FEI Number:** 27-3274993      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WISE, PATTY  
850 HWY 630 WEST  
FROSTPROOF, FL 33843 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WISE, PATTY  
Address: 850 HWY 630 WEST  
City-St-Zip: FROSTPROOF, FL 33843 US

Title: VP  
Name: WISE, WESLEY  
Address: 850 HWY 630 WEST  
City-St-Zip: FROSTPROOF, FL 33843 US

Title: S  
Name: WISE, WESLEY  
Address: 850 HWY 630 WEST  
City-St-Zip: FROSTPROOF, FL 33843 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: WESLEY WISE

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

VP

04/12/2012

\_\_\_\_\_ Date