

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000082785

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ABCD FARM SERVICES, INC.

**Current Principal Place of Business:**

8135 N. BROOK WAY  
CITRUS SPRINGS, FL 34433

**New Principal Place of Business:**

**Current Mailing Address:**

8135 N. BROOK WAY  
CITRUS SPRINGS, FL 34433

**New Mailing Address:**

**FEI Number:** 27-3666823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPEIGHT, DARREN R  
8135 N. BROOK WAY  
CITRUS SPRINGS, FL 34433 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: SPEIGHT, DARREN R  
Address: 8135 N BROOK WAY  
City-St-Zip: CITRUS SPRINGS, FL 34433

Title: VP  
Name: SPEIGHT, ANNA M  
Address: 8135 N BROOK WAY  
City-St-Zip: CITRUS SPRINGS, FL 34433

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: DARREN R. SPEIGHT

PRES

04/30/2012

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

\_\_\_\_\_ Date