


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90021 044 ***150.00

DOCUMENT # P93000049031 1. Entity Name WOLFHEAD FARMS, INC.					
Principal Place of Business 1324 S MAIN STREET BELLE GLADE, FL 33430 US			Mailing Address 1324 S MAIN STREET BELLE GLADE, FL 33430 US		
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		Country		4. FEI Number 65-0430173	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HILL, H E 1324 S MAIN ST BELLE GLADE, FL 33430				7. Name and Address of New Registered Agent Name Barbara H. Alston Street Address (P.O. Box Number is Not Acceptable) 1324 South Main Street City Belle Glade FL Zip Code 33430	
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 <i>Barbara H. Alston</i> Pres Barbara H. Alston DATE 2/18/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, H.E. 1324 S MAIN STREET BELLE GLADE, FL 33430	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALSTON, BARBARA H 1324 S MAIN ST BELLE GLADE, FL 33430	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. D. Alston, Barbara H 1324 South	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. D MORIMANN, Jennifer E 6856 S.W. Chase Court Stuart FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. D MORIMANN, Jennifer E 6856 S.W. Chase Court Stuart FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOPPMANN, Robert 14417 Horseshoe Trace West Palm Beach FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOPPMANN, Robert 14417 Horseshoe Trace West Palm Beach FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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 <i>Barbara H. Alston</i> Pres Barbara H. Alston DATE 2/18/08 861-996-4524 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

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