## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000065297

Entity Name: LONGVIEW STOCK FARM, INC.

FILED Apr 24, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2631 KILGORE BRIDGE RD WOODRUFF, SC 29388 **Current Mailing Address: New Mailing Address:** 1400 GLEN RD 2801 EXCHANGE COURT US WEST PALM BEACH, FL 33406 US WEST PALM BEACH, FL 33409 FEI Number: 65-0451170 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUTSON, CAROL A COCHRANE, THOMAS E JR 2801 EXCHANGE COURT 1400 GLEN RD WEST PALM BEACH, FL 33406 US WEST PALM BEACH, FL 33409 US 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: THOMAS E COCHRANE JR 04/24/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HUTSON, CAROL A Name: Name: 1400 GLEN RD Address: Address: WEST PALM BEACH, FL 33406 US City-St-Zip: City-St-Zip: Title: Title: DS () Delete () Change () Addition Name: ALVAREZ, KIMBERLY Name: 2631 KILGORE BRIDGE ROAD Address: Address: WOODRUFF, SC 29388 US City-St-Zip: City-St-Zip: Title: Title: DVP () Delete VΡ (X) Change ( ) Addition ALVAREZ, KENNETH ALVAREZ, KENNETH Name: Name: 2631 KILGORE BRIDGE ROAD 2631 KILGORE BRIDGE ROAD Address: Address: City-St-Zip: WOODRUFF, SC 29388 US City-St-Zip: WOODRUFF, SC 29388 US Title: () Delete Title: () Change () Addition ALVAREZ, JASON Name: Name: Address: 1400 GLEN RD Address: City-St-Zip: WEST PALM BEACH, FL 33406 US City-St-Zip: Title: Title: () Delete ( ) Change (X) Addition Name: Name: COCHRANE, THOMAS E JR Address: Address: 2801 EXCHANGE COURT WEST PALM BEACH, FL 33409 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS E COCHRANE JR VP 04/24/2007