

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000001012

Entity Name: JUNIPER FARMS INC.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7855 FRIENDSHIP LN  
NAPLES, FL 33964

**New Principal Place of Business:**

7855 FRIENDSHIP LN  
NAPLES, FL 34120

**Current Mailing Address:**

7855 FRIENDSHIP LN  
NAPLES, FL 33964

**New Mailing Address:**

7855 FRIENDSHIP LN  
NAPLES, FL 34120

FEI Number: 65-0546105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAMASCO, PATRICIA LYNN  
7855 FRIENDSHIP LN  
NAPLES, FL 33964 US

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

DAMASCO, PATRICIA LYNN  
7855 FRIENDSHIP LN  
NAPLES, FL 34120 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/25/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: DAMASCO, PATRICIA LYNN  
Address: 7855 FRIENDSHIP LN  
City-St-Zip: NAPLES, FL 34120

Title: VP  
Name: DAMASCO, ANTHONY T JR  
Address: 7855 FRIENDSHIP LN  
City-St-Zip: NAPLES, FL 34120

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: PATRICIA LYNN DAMASCO

DP

04/25/2011

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

\_\_\_\_\_  
Date