



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000006167	
1. Entity Name BBS FARMS, INC.	

Principal Place of Business 8423 STATE ROAD 674 WIMAUMA, FL 33598-6395	Mailing Address 8423 STATE ROAD 674 WIMAUMA, FL 33598-6395
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DO NOT WRITE IN THIS SPACE

	
01082008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 59-3290429	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROUGHTON, OLIVER D 8423 STATE ROAD 674 LITHIA, FL 33547


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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

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	000000829949 02/26/08-80063-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIZEMORE, JACK P 8602 TATUM RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROUGHTON, OLIVER D P.O. BOX 1085 WIMAUMA, FL 33598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, G. M 14002 WALDEN SHEFFIELD ROAD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Oliver D. Broughton, President
Date: 2/15/08 Daytime Phone #: 813-634-8620