

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000014126**

1. Entity Name  
THRIFTY FARMS, INC.



Principal Place of Business  
5383 HARLEY THRIFT RD.  
MACCLENNY, FL 32063

Mailing Address  
5383 HARLEY THRIFT RD.  
MACCLENNY, FL 32063



02222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3297557

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

THRIFT, ROGER D  
5383 HARLEY THRIFT ROAD  
MACCLENNY, FL 32063

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME THRIFT, ROGER D  
STREET ADDRESS 5383 HARLEY THRIFT ROAD  
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE VPS  
NAME THRIFT, BOBBY  
STREET ADDRESS 14770 N SR 121  
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U000000649657  
03/07/07-80057-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Bobby Thrift BOBBY THRIFT 2-26-07 904-259-2073  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #