

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90028 008 ***150.00

DOCUMENT # P95000014126

1. Entity Name
THRIFTY FARMS, INC.



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

Mailing Address
**5383 HARLEY THRIFT RD.
MACLENNY, FL 32063**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5671 HARLEY THRIFT RD.



01202008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MACLENNY, FL.

4. FEI Number
59-3297557

Applied For
☐ Not Applicable

Zip

Country

Zip
32063

Country
BAKER

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THRIFT, ROGER D
5383 HARLEY THRIFT ROAD
MACLENNY, FL 32063**

Name
Thrift, Roger D.

Street Address (P.O. Box Number is Not Acceptable)

5671 HARLEY THRIFT RD.

City

MACLENNY

FL

Zip Code

32063

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
THRIFT, ROGER D
5383 HARLEY THRIFT ROAD
MACLENNY, FL 32063** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPS
THRIFT, BOBBY
14770 N SR 121
MACLENNY, FL 32063** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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:

Roger D. Thrift
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-08 904-259-6148
Date Daytime Phone #