2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNOAL REPORT (AII)									
DOCUI	MENT # P9500004734					FIL	ΕD		
FULL PAF	RTNERS FARM, INC.					08 S	EP 24		1.0
Principal Plac	e of Business				~. r	41110	40		
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16025 WEST NEWBERRY ROAD 16025 WEST NEWBERRY NEWBERRY FL 32669 NEWBERRY FL 32669			11 NOAL	1		. 411		51511	AIL
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt.		Suite, Apt. #, etc. City & State				MOORE	CR2E034		plied For
City & State		<u> </u>			4. FEI Numb	59-334129		No	Applicable
Zip	Country	Zip	Lountr	y 		of Status Desired	<u> </u>	8.75 Add se Require	litional d
	6. Name and Address of Current I	+	7. Name and Address of New Registered Agent						
ion	INICONI DENINA I	1	Nane						
160	INSON, DENNA L 25 WEST NEWBERRY ROAL VBERRY FL 32669	<u> </u>		Street Address (F	O. Box Numb	er is Not Acceptable	•)		
1424	VDELITT PE DEGOG			City				Zip Cod	
		<u>. </u>		·			FL	<u> </u>	
 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 retried interest registered lighted as until 6.6 of unphicable. (NOTE: Registered Agent symitture required when reinstrating) DATE									
FILE NOW!!! FEE IS \$550.00									
DUE BY September 3, 2008 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees									
	k Payable to Florida Department of	State did not receive p	rior notice	e. Fee to file is \$1	50.00.	Trust Fena Con	proution.	_] Adds	to rees
10.	OFFICERS AND	DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS.	/CHANGES TO OFF	ICERS AND	DIRECTOR	SIN 11
TITLE	DPT	☐ Delete	ITILE					☐ Change	Addition
HAME	JOHNSON, DENNA L		NAME			~ .~			,
STREET ADDRESS				ADDRESS	10 / 110 /	3 001 36 26/08010	/50i/b	. 1 (2016) 1 - 224	50.00
CITY-ST-ZIP	NEWBERRY FL 32669		CITY-S	T-21P		20/00 010	73 010	, **;	30.00
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NAME	JOHNSON, CAROL		PLAME	ADDRESS					- 1
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CITY-ST-ZIP			CNY-S	T- ZIP		,			
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 results five 3-d securate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the record or trustee empowered to supple 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 a supplemental proportion of the corporation of the corporation of the corporation of the corporation of the record of trustee empowered.									
SIGNATURE:									
SIGNATORIE SIGNATORIE DE GREGORD NAME ONSIGNING OFFICER OR DIRECTOR DIG DIMETE PROVIS									