

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000047342 1. Entity Name FULL PARTNERS FARM, INC.						FILED 08 SEP 24 AM 10:40 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 16025 WEST NEWBERRY ROAD NEWBERRY FL 32669				Mailing Address 16025 WEST NEWBERRY ROAD NEWBERRY FL 32669			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				4. FEI Number 59-3341296 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				2nd MOORE CR2E034 (4/08)			
6. Name and Address of Current Registered Agent JOHNSON, DENNA L 16025 WEST NEWBERRY ROAD NEWBERRY FL 32669				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____							
FILE NOW!!! FEE IS \$550.00 - DUE BY September 3, 2008 Make Check Payable to Florida Department of State				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP OPT JOHNSON, DENNA L 16025 WEST NEWBERRY ROAD NEWBERRY FL 32669				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition 600136386186 09/26/08--01045--010 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP S JOHNSON, CAROL 16025 W NEWBERRY RD NEWBERRY FL 32669				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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 file 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 or without being empowered.							
SIGNATURE: _____ Date _____							