


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 A
Secretary of State

DOCUMENT # P96000007069	
1. Entity Name BOYD FAMILY FARMS, INC.	

Principal Place of Business 806 QUITMAN HWY NORTH GREENVILLE, FL 32331 US	Mailing Address 806 QUITMAN HWY N GREENVILLE, FL 32331 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3361646	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOYD, STEPHANIE R
4867 ASHVILLE HWY
MONTICELLO, FL 32344**

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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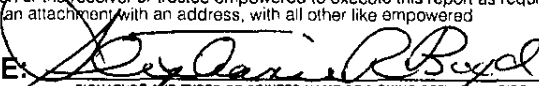
10. OFFICERS AND DIRECTORS

TITLE D	MILLER, G. ULMER SR. 440 MORRIS ROAD MONTICELLO, FL 32344
TITLE D	BOYD, F. ALLEN JR. 4867 ASHVILLE HWY MONTICELLO, FL 32344
TITLE D	BOYD, HINES F 735 WEST WASHINGTON STREET MONTICELLO, FL 32344
TITLE 	
TITLE 	
TITLE 	

**DO NOT WRITE
IN THIS SPACE**

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02/28/07-80076-006 150.00

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:  **Stephanie R. Boyd**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **(850) 997-6222**

Daytime Phone #