

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000007069

Entity Name: BOYD FAMILY FARMS, INC.

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

806 QUITMAN HWY NORTH  
GREENVILLE, FL 32331 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

806 QUITMAN HWY N  
GREENVILLE, FL 32331 US

## **New Mailing Address:**

806 QUITMAN HWY NORTH  
GREENVILLE, FL 32331 US

FEI Number: 59-3361646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

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

## **Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: BOYD, F. ALLEN JR.  
Address: 4867 ASHVILLE HWY  
City-St-Zip: MONTICELLO, FL 32344

Title: D  
Name: BOYD, HINES F  
Address: 735 WEST WASHINGTON STREET  
City-St-Zip: MONTICELLO, FL 32344

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE R BOYD

MRS

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date