

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # P96000084833

1. Entity Name
NORTH LAND FARM, INC.



Principal Place of Business
**12605 N.W. 90TH AVENUE
REDDICK, FL**

Mailing Address
**P.O. BOX 501884
MARATHON, FL 33050**



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0705800

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHRISTOPHER B. WALDERA, P.A.
11300 OVERSEAS HIGHWAY
MARATHON, FL 33050**

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000532124
05/06/06-80072-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CINQUE, MIKE
STREET ADDRESS	P.O. BOX 501884 N/A
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	D
NAME	CINQUE, JUDITH
STREET ADDRESS	700 WEST OCEAN DR
CITY-ST-ZIP	KEY COLONY BEACH, FL
TITLE	DSTV
NAME	DENNIS, KAREN
STREET ADDRESS	2138 HARBOR DR
CITY-ST-ZIP	MARATHON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Karen Dennis DSTV*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06
Date

305-243-6519
Daytime Phone #