

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000002600**

1. Entity Name  
**HEATH FARMS, INC.**



Principal Place of Business  
**4445 N.W. 79TH TERRACE RD.  
OCALA, FL 34474**

Mailing Address  
**P.O. BOX 1740  
HIGH SPRINGS, FL 32655**



03162006 No Chg-F CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3464400**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BULLARD, J. WARREN  
118 N.W. THIRD STREET  
OCALA, FL 34475**

**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 address 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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HEATH, BONNIE M III 7200 SE 22ND AVE. OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WELLBORN, HILLARY H P.O. BOX 1740 HIGH SPRINGS, FL 32655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PENNINGTON, HEATHER 7151 RUSTIC ACRES DR. SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000517847  
05/01/06 R0062-013 150.00

**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: *Hillary H. Wellborn* **HILLARY H. WELLBORN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/06 (386) 454-3866  
Date Daytime Phone #