

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90004 021 ***150.00

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1. Entity Name
FARMER/OXMOOR GP, INC.



Principal Place of Business
**8111 SHELBYVILLE ROAD
LOUISVILLE, KY 40222 US**

Mailing Address
**8111 SHELBYVILLE ROAD
LOUISVILLE, KY 40222 US**

40052400



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3432186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**UNDERWOOD, ROBERT L
5728 MAJOR BLVD
STE 500-550
ORLANDO, FL 32819**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	FARMER, TRACY
STREET ADDRESS	8665 BAY COLONY DRIVE, #1804
CITY-ST-ZIP	NAPLES, FL 341086774

TITLE	S
NAME	FARMER, DEL
STREET ADDRESS	8111 SHELBYVILLE RD
CITY-ST-ZIP	LOUISVILLE, KY 40222

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: **Tracy Farmer** 2/17/07 502-426-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #