

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000057223	
1. Entity Name CIRCLE F FEED & SUPPLY, INC.	

Principal Place of Business 1325 WILLIAMS WOOD DR PLANT CITY FL 33565 US	Mailing Address 1325 WILLIAMS WOOD DR PLANT CITY FL 33565 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt #, etc.		State, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3455080		Applied For
		Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
GEARY, JOSEPH A ESQ 100 E. MAIN ST. LAKELAND FL 33801	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 state if applicable)	(NOTE: Registered Agent's premium required when constituting)	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	FISHER, WILLIAM A
STREET ADDRESS	1325 WILLIAMS WOOD DRIVE
CITY-ST-ZIP	PLANT CITY FL 33565
TITLE	☐ Delete
NAME	FISHER, PHYLLIS A
STREET ADDRESS	1325 WILLIAMS WOOD DRIVE
CITY-ST-ZIP	PLANT CITY FL 33565
TITLE	☐ Delete
NAME	FISHER, KRISTY LYNN
STREET ADDRESS	1325 WILLIAMS WOOD DRIVE
CITY-ST-ZIP	PLANT CITY FL 33565
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Phyllis A. Fisher* **4-15-08 83752-7237**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR