

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

Certified Mail #

FILED

7004 MAY 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000065805

1. Entity Name
P G FARMS, INC.



Principal Place of Business

9115 58TH DRIVE E
STE. A
BRADENTON, FL 34202 US

Mailing Address

9115 58TH DRIVE E
STE. A
BRADENTON, FL 34202 US

DO NOT WRITE IN THIS SPACE



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0775617

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREENE, ROBERT F
1301 6TH AVE., W., STE. 505
BRADENTON, FL 34205

**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

10. OFFICERS AND DIRECTORS

TITLE P
NAME LECKEY, PHILLIP D
STREET ADDRESS 9115-58TH DRIVE E SUITE A
CITY-ST-ZIP BRADENTON, FL 34202

TITLE VPS
NAME SANDERS, LINDA K.
STREET ADDRESS 9115-58TH DRIVE E SUITE A
CITY-ST-ZIP BRADENTON, FL 34202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000558478
05/17/06-80097-001 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/06

941-753-7851