

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90004 006 ***150.00

DOCUMENT # P97000067524

1. Entity Name
THE DECHAMPLAIN'S HEAVEN'S GATE FARM, INC.



Principal Place of Business
**3239 SW COUNTY RD. 334
TRENTON, FL 32693**

Mailing Address
**3239 SW COUNTY RD. 334
TRENTON, FL 32693**

2. Principal Place of Business

6359 SW Cty Rd. 307

3. Mailing Address

6359 SW Cty Rd. 307

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272006

Chg-P

CR2E034 (11/05)

City & State

Trenton FL

City & State

Trenton FL

4. FEI Number

59-3472210

Applied For

Not Applicable

Zip

32693

Country

USA

Zip

32693

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARLEN, ROBERT M
1501 CORPORATE DR., STE. 200
BOYNTON BEACH, FL 33426**

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 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 **DPT** ☐ Delete
NAME **DECHAMPLAIN, SUZANNE**
STREET ADDRESS **3239 SW COUNTY RD. 334**
CITY-ST-ZIP **TRENTON, FL 32693**

TITLE **DVS** ☐ Delete
NAME **DECHAMPLAIN, MARC**
STREET ADDRESS **3239 SW COUNTY RD. 334**
CITY-ST-ZIP **TRENTON, FL 32693**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **6359 SW Cty Rd. 307**
CITY-ST-ZIP **Trenton FL 32693**

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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 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 #