

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90015 027 ***150.00

DOCUMENT # P97000094010

1. Entity Name
FARMER COMMERCIAL REAL ESTATE GP, INC.



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

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

DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3476341

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

UNDERWOOD, ROBERT L
537 EAST PARK AVENUE *5728 Major Blvd.*
SUITE 550 *Suite 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

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, 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 NAME	PC FARMER, TRACY
STREET ADDRESS	8665 BAY COLONY DRIVE #1804
CITY-ST-ZIP	NAPLES, FL 341086774
TITLE NAME	S FARMER, DEL
STREET ADDRESS	8111 SHELBYVILLE ROAD
CITY-ST-ZIP	LOUISVILLE, KY 40222
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracy Farmer

Date

2/17/07

Daytime Phone #

502-

426-2726