

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000107570

1. Entity Name
PHIL TURNER FARMS, INC.



Principal Place of Business
1999 NE LIVINGSTON ST.
ARCADIA, FL 34266

Mailing Address
1999 NE LIVINGSTON ST.
ARCADIA, FL 34266

DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3483989

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TURNER, PHILIP W
1999 NE LIVINGSTON ST.
ARCADIA, FL 34266

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000921444
02/19/08-80024-024 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TURNER, PHILIP W
STREET ADDRESS 1999 NE LIVINGSTON STREET
CITY-ST-ZIP ARCADIA, FL 34266

TITLE VD
NAME TURNER, PHILIP W JR
STREET ADDRESS 4067 NE MASTERS AVENUE
CITY-ST-ZIP ARCADIA, FL 34266

TITLE STD
NAME MCKETTRICK, LIBBY T
STREET ADDRESS 1922 NE LIVINGSTON STREET
CITY-ST-ZIP ARCADIA, FL 34266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Libby T. McKettrick* Libby T. McKettrick

2-6-2008

863-494-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #