


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2008 8:00 am
Secretary of State

09-04-2008 90045 020 ***150.00

DOCUMENT # P98000102646

1. Entity Name
ALBRITTON FARMS, INC.



Principal Place of Business Mailing Address
3820 PEANUT ROAD **3820 PEANUT ROAD**
COTTONDALE, FL 32431 **COTTONDALE, FL 32431**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



08122008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3547476 Not Applicable

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

LANEY, ROGER L III
1378 N RAILROAD AVE
CHIPLEY, FL 32428

Name **GUSTASON + DAVIS FINANCIAL SERVICES, INC.**
 Street Address (P.O. Box Number is Not Acceptable)
1369-B SOUTH RAILROAD AVE.

City **CHIPLEY** **FL** Zip Code **32428**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRITTON, JEFFREY S 3820 PEANUT ROAD COTTONDALE, FL 32431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition <input type="checkbox"/> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition <input type="checkbox"/> <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition <input type="checkbox"/> <input type="checkbox"/>

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:  **8/27/08** **850-352-4795**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #