

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90438 002 ***150.00

DOCUMENT # P99000098612

1. Entity Name
LITHIA FARMS INC.



Principal Place of Business
**P.O. BOX 957
FORT MC COY, FL 32134**

Mailing Address
**P.O. BOX 957
FORT MC COY, FL 32134**

40060933



2. Principal Place of Business:

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

04202006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3353471

Applied For

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

**BENNETT, DOYLE R
15980 NE 239TH PL
FORT MC COY, FL 32134**

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 removing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Delete

**P
BENNETT, DOYLE R**

15320 NE 237TH PL

FORT MC COY, FL 32134

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☒ Change ☐ Addition

15980 NE 239th Lane

TITLE
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CITY, ST, ZIP
☐ Delete

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CITY, ST, ZIP
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☐ Change ☐ Addition

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. E. R. Bennett Pres. 4/21/06 352-546-2004

DATE

DATE AND PHONE #