

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000110353**

1. Entity Name  
**O H FARMS, INC.**



Principal Place of Business  
**156 NE 3RD STREET  
BELLE GLADE, FL 33430**

Mailing Address  
**156 NE 3RD STREET  
BELLE GLADE, FL 33430**

**DO NOT WRITE IN THIS SPACE**



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**45-0481512**

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

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

**HERNANDEZ, OSNIEL  
156 NE 3RD STREET  
BELLE GLADE, FL 33430**

**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]*

Signature of person or persons of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/17/06**

**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 NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, ORESTES L 156 NE 3RD STREET BELLE GLADE, FL 33430
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05/02/06-80053-016 150.00

**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]*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #