

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # S18320

1. Entity Name
FARM FRESH, INC.



Principal Place of Business
**413 WEST 13TH STREET
SANFORD, FL 32771**

Mailing Address
**413 WEST 13TH STREET
SANFORD, FL 32771**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3044845

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, WILLIAM P.
2555 S ATLANTIC AVE
UNIT 1707
DAYTONA BEACH, FL 32118**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

11000000380995
01/11/06-80036-006 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------------------------------------------|--------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MILLER, WILLIAM P. 2555 S ATLANTIC AVE, UNIT 1707 DAYTONA BEACH, FL 32118 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP CIANCIARULO, MICHAEL A. 225 LAKE WINENISSETTE DR DELAND, FL 32724 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T DAVIDSON, EMMETT J. 108 LAMPLIGHTER DR SANFORD, FL 32771 |
| 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2006
Date

407-321-4476
Daytime Phone #