## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

Applied For

ANNUAL REPORT						
DOCUMENT # S86582  1. Entity Name CASE BROTHERS FARMS, INC.						
Principal Place of Business 26503 SW 173 PLACE HOMESTEAD, FL 33031 US	Mailing Address 26503 SW 173 PLACE HOMESTEAD, FL 33031	US				



## DO NOT WRITE IN THIS SPACE 02052008 No Ch

02052008 No Chg-P CR2E034 (11/05)

65-0296677 Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPE

SIGNATURE:

CASE, BRADLEY G 26503 SW 173RD PLACE HOMESTEAD, FL 33031

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

3~5~of

305)242-1306

SIGNATURE.	Signature, typed or printed name of registered agent and title it	Constants (ICCTS Resident			
	Signature, typed or primed name of registered agent and title i	applicable (NOTE: Registered A	geni signatui	e required when reinstating)	DATE
	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol><li>Election Campaign Financ Trust Fund Contribution</li></ol>	ng 🗋	\$5.00 May Be Added to Fees	U00000853205 
10.	OFFICERS AND DIREC	TORS			<del>- 967 407 95-60053-614-150.00</del>
NAME STREET ADDRESS CITY-ST-ZIP	D CASE, BRADLEY G. 26503 SW 173 PLACE HOMESTEAD, FL 33031				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, GREGORY G. 14925 S.W. 232 STREET GOULDS, FL 33170				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN .	THIS SPACE
NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP			-		
12. Thereby certify that the information supplied with this filling 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.					

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