

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # V00756

1. Entity Name
LITTLE RIVER FARMS, INC.



Principal Place of Business
**277 ROYAL POINCIANA WAY
SUITE 135
PALM BEACH, FL 33480**

Mailing Address
**3473 SATELLITE BLVD
SUITE 211
DULUTH, GA 30096**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3100352

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GEIGER, ALLAN T
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207**

**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 type 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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, ANGELA H.
STREET ADDRESS	277 ROYAL POINCIANA WAY STE 135
CITY- ST- ZIP	PALM BCH, FL 33480

TITLE	V
NAME	KELLY, JAMES E.
STREET ADDRESS	1678 TEMPLE JOHNSON ROAD
CITY- ST- ZIP	LOGANVILLE, GA 30052

TITLE	V
NAME	TEMPLE, GERALD
STREET ADDRESS	110 COVE LANE
CITY- ST- ZIP	SOCIAL CIRCLE, GA

TITLE	S
NAME	CRIM, GLOICE Y.
STREET ADDRESS	2277 EMMETT DOSTER ROAD
CITY- ST- ZIP	MONROE, GA 30656

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/17/06-80026-014 150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Gloria Y. Crim 1/11/06 770-813-0090