


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # V00756 1. Entity Name LITTLE RIVER FARMS, INC.	
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Principal Place of Business 277 ROYAL POINCIANA WAY SUITE 135 PALM BEACH, FL 33480	Mailing Address 3473 SATELLITE BLVD SUITE 211 DULUTH, GA 30096
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3100352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GEIGER, ALLAN T 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000783675 01/16/08-80023-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, ANGELA H. 277 ROYAL POINCIANA WAY STE 135 PALM BCH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLY, JAMES E. 1878 TEMPLE JOHNSON ROAD LOGANVILLE, GA 30052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TEMPLE, GERALD 110 COVE LANE SOCIAL CIRCLE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRIM, GLOICE Y. 2277 EMMETT DOSTER ROAD MONROE, GA 30656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Gloice Y. Crim* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Gloice Y. Crim* **Date** *1/12/08* **Daytime Phone #** *770-813-0098*