## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # V32555

1. Entity Name

ALACHUA FARM & LUMBER, INC.



Principal Place of Business

14101 NW 145TH AVE ALACHUA, FL 32615 US Mailing Address

P.O. BOX 2290

ALACHUA, FL 32616-2290 US

### FILED Jan 09, 2008 8:00 am Secretary of State

01-09-2008 90011 024 \*\*\*150.00

40000603



01042008

No Chg-P

CR2E034 (11/05)

4.	FEI Number
	59-3119583

Not Applicable

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

Applied For

6. Name and Add	ress of Current Registered Agent

TANNER, WAYNE 14101 NW 145TH AVE ALACHUA, FL 32615

## DO NOT WRITE IN THIS SPACE

8.	The above named entity submits the	is 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		
		•	

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

....

\$5.00 May Be Added to Fees

#### FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

Election Campaign Financing Trust Fund Contribution.

OFFICERS AND DIRECTORS 10. Р TITLE NAME TANNER, WAYNE STREET ADDRESS 14101 NW 145TH AVE CITY-ST-ZIP ALACHUA, FL 32615 VΡ TITLE TANNER, LINDA NAME STREET ADDRESS 14101 NW 145TH AVE ALACHUA, FL 32615 CITY-ST-ZIP TITLE TANNER, JUDSON W МАМЕ STREET ADDRESS 14101 NW 145TH AVE CITY-ST-ZIP ALACHUA, FL 32615 TITLE NAME STREET ADDRESS CITY-ST-ZIP

# DO NOT WRITE IN THIS SPACE

12. I hereby 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.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.04.00

386.462.6635