2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2005 8:00 am Secretary of State

DOCUMENT # V48655 1. Entity Name C + L FARM SUPPLY, INC.				04-07-2005 9	2000	
Principal Place of Business Mailing Address			·	र प्रस्कृति है। तस प्रवाह		
9450 HWY 89 N. 9450 HWY 89 N. JAY, FL 32565				4.6	w ••	
·			1 FB 8 11 8311	Lik biski isika biisi alibi biki	E184 81811 81811 81814 81914	
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.			03092005	Chg-P	CR2E034 (10/0)	3)
City & State City	& State		4: FEI Numb 59-314			Applied For Not Applicable
Zip Country Zip	Cou	ntry	5. Certificat	e of Status Desired	□ \$8.75 A Fee Requ	
6. Name and Address of Current Registered Agent			7. Name an	d Address of New R	egistered Agent	
JOSEPH, LISA 5230 THORNHILL ROAD WINTER HAVEN, FL 33880		Name				
		Street Address (P.O. Box Number is Not Acceptable)				
·	•	2×2				
		City	30	.	FL Zip Ci	ode
The above named entity submits this statement for the purpositive obligations of registered agent.	ose of changing its register	red office or re	egistered agent, or b	oth, in the State of Flo	rida. I am familiar wit	h, and accept
SIGNATURE Sepreture, typed or printed name of registered afform and title if apol	Joabie. (NOTE: Register	ed Agent signature	required when reinstating)		4/4/05	
V				7.		
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00	Trust Fund Contribution	. 🗖		/CHANGES TO OFFI	CERS AND DIRECTO	PRS IN 11
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTOR TITLE P	Trust Fund Contribution RS 11. Delete ITIT		ADDITIONS		CERS AND DIRECTO	
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I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 all other like empowered.

SIGNATURE: