

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000028312

Entity Name: NOB FARMS, INC.**Current Principal Place of Business:**8750 LITHIA PINECREST
LITHIA, FL 33547**Current Mailing Address:**8750 LITHIA PINECREST
LITHIA, FL 33547 US**FEI Number:** 59-3235537**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCKINNEY, PATRICIA J
8720 LITHIA PINECREST ROAD
LITHIA, FL 33547 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	MCKINNEY, PATRICIA J
Address	8720 LITHIA PINECREST ROAD
City-State-Zip:	LITHIA FL 33547

Title	V
Name	GIBSON, DANA MCKINNEY
Address	8738 LITHIA PINECREST ROAD
City-State-Zip:	LITHIA FL 33547

Title	S
Name	GIBSON, TIM S
Address	8738 LITHIA PINECREST ROAD
City-State-Zip:	LITHIA FL 33547

Title	V
Name	ATCHISON, BILLY W
Address	8732 LITHIA PINECREST ROAD
City-State-Zip:	LITHIA FL 33547

Title	V
Name	ATCHISON, KATHLINDA
Address	8732 LITHIA PINECREST ROAD
City-State-Zip:	LITHIA FL 33547

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA MCKINNEY

PRES

03/29/2023

Electronic Signature of Signing Officer/Director Detail_____
Date