

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 459467

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: JESSAMINE FARM, INC.

## Current Principal Place of Business:

16625 JESSAMINE RD  
DADE CITY, FL 33525 US

## New Principal Place of Business:

## Current Mailing Address:

16625 JESSAMINE RD  
DADE CITY, FL 33525 US

## New Mailing Address:

16625 JESSAMINE RD  
DADE CITY, FL 33525 US

FEI Number: 59-1551874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLOMMEL, CHRISTOPHER J PRES  
16625 JESSAMINE RD  
DADE CITY, FL 33523 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CHRISTIANSEN, JANICE, I.  
Address: 16585 JESSAMINE RD  
City-St-Zip: DADE CITY, FL

Title: V ( ) Delete  
Name: JOHNSTON, ANDREA,  
Address: 16515 JESSAMINE RD  
City-St-Zip: DADE CITY, FL 33523 US

Title: P ( ) Delete  
Name: BLOMMEL, CHRISTOPHER J  
Address: 36621 MISSOURI AVE.  
City-St-Zip: DADE CITY, FL 33523

Title: S ( ) Delete  
Name: BLOMMEL, CLAY  
Address: 16625 JESSAMINE RD  
City-St-Zip: DADE CITY, FL 33523 US

Title: T ( ) Delete  
Name: BLOMMEL, MATTHEW J  
Address: 16525 JESSAMINE RD  
City-St-Zip: DADE CITY, FL 33523 US

Title: D ( ) Delete  
Name: BLOMMEL, LINDA S  
Address: 16625 JESSAMINE RD  
City-St-Zip: DADE CITY, FL 33523 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA S. BLOMMEL

D

04/03/2009

Electronic Signature of Signing Officer or Director

Date