

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 467260

FILED
Jun 23, 2009
Secretary of State

Entity Name: HUDSPETH FARMS, INC.

Current Principal Place of Business:

SR 827
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

105 SEDGEWICKE DR
PEACHTREE CITY, GA 30269 US

New Mailing Address:

FEI Number: 59-1594776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, JO ELLEN
401 S. W.C. OWEN AVE
CLEWISTON, FL 33440 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CARTER, THOMAS GORDON
Address: 105 SEDGEWICKE DR
City-St-Zip: PEACHTREE CITY, GA 30269

Title: PD () Delete
Name: CARTER, JO ELLEN
Address: 105 SEDGEWICKE DR
City-St-Zip: PEACHTREE CITY, GA 30269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS GORDON CARTER

SEC

06/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date