

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 536046

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: MCCROAN FARMS, INC.

**Current Principal Place of Business:**

22464 NE CR 286  
GRAND RIDGE, FL 32442

**New Principal Place of Business:**

**Current Mailing Address:**

16481 HANNA TOWER RD  
ALTHA, FL 32421

**New Mailing Address:**

FEI Number: 59-1804154      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCROAN, GEORGIA B.  
22464 NW CR 286  
GRAND RIDGE, FL 32442      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: PD ( ) Delete  
Name: MCCROAN, GEORGIA,  
Address: 22464 NE CR 286  
City-St-Zip: GRAND RIDGE, FL

Title: D ( ) Delete  
Name: MCCROAN, KENNETH,  
Address: 250 CHOCTAW LANE  
City-St-Zip: COOSADA, AL 360202908

Title: D ( ) Delete  
Name: MCCROAN, LEONARD JR,  
Address: 17772 NE LEONARD MCCROAN RD  
City-St-Zip: ALTHA, FL

Title: DS ( ) Delete  
Name: AYERS, PATRICIA A,  
Address: 16481 NE HANNA TOWER RD.  
City-St-Zip: ALTHA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MCCROAN, GEORGIA,  
Address: 22464 NE CR 286  
City-St-Zip: GRAND RIDGE, FL 32442

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

Title: D (X) Change ( ) Addition  
Name: MCCROAN, LEONARD JR,  
Address: 17772 NE LEONARD MCCROAN RD  
City-St-Zip: ALTHA, FL 32421

Title: DS (X) Change ( ) Addition  
Name: AYERS, PATRICIA A,  
Address: 16481 NE HANNA TOWER RD.  
City-St-Zip: ALTHA, FL 32421

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: PATRICIA A AYERS

SEC

01/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date