2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 593896

Address:

City-St-Zip:

1249 APACHE DR.

GENEVA, FL 32732

FILED Apr 30, 2009 Secretary of State

Entity Nam	ne: CLON	TS FARMS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
1001 GENE OVIEDO, F							
Current Mailing Address:				New Mailing Address:			
P.O. BOX 6 OVIEDO, F		16					
FEI Number: 59-0601858 FEI Number Applied For () FEI Nu				umber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CLONTS, V 1001 GENE OVIEDO, F	VA DRIVE	US					
The above in the State		ty submits this statement	t for the purpose o	of changing i	ts registered	d office or registered agent,	or both,
SIGNATUR	E:						
Election Cam		ronic Signature of Regist	_			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD CLONTS, W 619 HIDDEN APOPKA, FI	I PINE CT.		Title: Name: Address: City-St-Zip:	PD CLONTS, W. 6265 LAKE (OVIEDO, FL	CHARM CIR.	
Title: Name: Address: City-St-Zip:	VD CLONTS, C 1249 APACI GENEVA, FI	HE DR.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name:	ST CLONTS, PA	()Delete ATRICK ROY		Title: Name:		() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: PATICK ROY CLONTS ST 04/30/2009