

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G30423

FILED  
May 20, 2009  
Secretary of State

Entity Name: HIS HONORSHIP FARM, INC.

**Current Principal Place of Business:**

170 N.W. 204TH ST  
MIAMI GARDENS, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 847  
ANTHONY, FL 32617

**New Mailing Address:**

3235 N.E. 120 STREET  
ANTHONY, FL 32617

FEI Number: 59-2273344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAKERMAN, RODGER  
170 N.W. 204TH ST  
MIAMI GARDENS, FL 33169 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: PS ( ) Delete  
Name: BAKERMAN, BLOSSOM  
Address: 170 N.W. 204TH ST  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: AS ( ) Delete  
Name: BAKERMAN, BLOSSOM  
Address: 170 NW 204TH ST  
City-St-Zip: MIAMI GARDENS, FL 33169

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

Title: PS (X) Change ( ) Addition  
Name: BAKERMAN, BLOSSOM  
Address: 1213 N.W. 137 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: AS (X) Change ( ) Addition  
Name: BAKERMAN, BLOSSOM  
Address: 1213 N.W. 137 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

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: BLOSSOM BAKERMAN

PRES

05/20/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date