

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G72465

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: ADRIAN C. FLETCHER FARMS, INC.

**Current Principal Place of Business:**

3612 JUNIPER RD  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 70  
GREENSBORO, FL 323300070

**New Mailing Address:**

FEI Number: 59-2354576      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VICE, PATRICIA F  
250 EDWIN CLARK RD  
QUINCY, FL 32351      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: P ( ) Delete  
Name: VICE, PATRICIA F  
Address: 250 EDWIN CLARK RD  
City-St-Zip: QUINCY, FL 32351

Title: SD ( ) Delete  
Name: BRIDGES, JANET F  
Address: 128 MATTHEW CLARK RD  
City-St-Zip: QUINCY, FL 32351

Title: T ( ) Delete  
Name: FENN, ROSALYN F  
Address: 1372 PROVIDENCE RD.  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: FLETCHER, A. CLARK  
Address: 511 HOPKINS LANDING RD  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: HALL, GLENDA F  
Address: 338 HOLMES BLVD.  
City-St-Zip: FORT WALTON BEACH, FL 32548

**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:

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 FLETCHER VICE

P

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date