

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000110226

Entity Name: MARSHALL FARMS INC

FILED
Oct 08, 2007
Secretary of State

Current Principal Place of Business:

1620 VINSON RAY ROAD
BAKER, FL 32531

New Principal Place of Business:

Current Mailing Address:

PO BOX 307
BAKER, FL 32531

New Mailing Address:

FEI Number: 20-2579652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, JAMES P
7001 HWY 189 NORTH
BAKER, FL 32531 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: JAMES P MARSHALL

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: P () Delete
Name: MARSHALL, JAMES P
Address: PO BOX 307
City-St-Zip: BAKER, FL 32531 US

Title: SE () Delete
Name: MARSHALL, HELEN I
Address: PO BOX 307
City-St-Zip: BAKER, FL 32531 US

Title: VP () Delete
Name: MARSHALL, NICHOLAS L
Address: PO BOX 307
City-St-Zip: BAKER, FL 32531 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARSHALL, JAMES P
Address: PO BOX 307
City-St-Zip: BAKER, FL 32531 US

Title: TSD (X) Change () Addition
Name: MARSHALL, HELEN I
Address: PO BOX 307
City-St-Zip: BAKER, FL 32531 US

Title: VPD (X) Change () Addition
Name: MARSHALL, NICHOLAS L
Address: PO BOX 307
City-St-Zip: BAKER, FL 32531 US

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: JAMES P MARSHALL

Electronic Signature of Signing Officer or Director

PD

10/08/2007

Date