

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076511

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: TRI-H FARMS, INC

**Current Principal Place of Business:**

1211 LEE STREET  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3509  
IMMOKALEE, FL 34143

**New Mailing Address:**

FEI Number: 26-3258695      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HERRERA, MELINDA  
1211 LEE STREET  
IMMOKALEE, FL 34142      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: DS      ( ) Delete  
Name: HERRERA, MELINDA  
Address: 1211 LEE STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: P      ( ) Delete  
Name: HERRERA, DAVID SR.  
Address: P.O. BOX 3509  
City-St-Zip: IMMOKALEE, FL 34142

Title: DVP      ( ) Delete  
Name: HERRERA, JR., RICARDO  
Address: 3189 ANTICIA ST  
City-St-Zip: FT. MYERS, FL 33905

Title: T      (X) Delete  
Name: HERRERA, DAVID JR.  
Address: 990 MONROE ST.  
City-St-Zip: IMMOKALEE, FL 34142

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

Title: DST      (X) Change ( ) Addition  
Name: HERRERA, MELINDA  
Address: 1211 LEE STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: DP      (X) Change ( ) Addition  
Name: HERRERA JR., DAVID  
Address: 990 MONROE ST.  
City-St-Zip: IMMOKALEE, FL 34142

Title: DVP      (X) Change ( ) Addition  
Name: HERRERA,, RICARDO  
Address: 3189 ANTICIA ST  
City-St-Zip: FT. MYERS, FL 33905

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: MELINDA HERRERA

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

DST

01/07/2009

\_\_\_\_\_ Date