

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015833

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: PRAIRIE VIEW FARM, INC.

## Current Principal Place of Business:

397 LOLLY LANE  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

## Current Mailing Address:

397 LOLLY LANE  
JACKSONVILLE, FL 32259

## New Mailing Address:

FEI Number: 59-3495427      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROSENBLUM, RICHARD M  
4168 PRIMA VISTA CIRCLE N.  
JACKSONVILLE, FL 32217      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: D      ( ) Delete  
Name: SAWYER, MARK D  
Address: 2919 POST STREET  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D      ( ) Delete  
Name: ROSENBLUM, RICHARD M  
Address: 4168 PRIMA VISTA CIRCLE N.  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D      ( ) Delete  
Name: ROSENBLUM, S R JR  
Address: 7320 OAKMONT COURT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D      ( ) Delete  
Name: FONTAINE, C L  
Address: 397 LOLLY LANE  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D      (X) Change ( ) Addition  
Name: SAWYER, MARK D  
Address: 1436 SWAN LANE  
City-St-Zip: JACKSONVILLE, FL 32207

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: C L FONTAINE

D

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date