

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000042979

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: FARMERS MANUFACTURING ACQUISITION COMPANY, INC.

**Current Principal Place of Business:**

814 HAMMONDVILLE RD  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

814 HAMMONDVILLE RD  
POMPANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 65-0834569      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GRUNBAUM, WOLFGANG PRESIDE  
814 HAMMONDVILLE ROAD  
POMPANO BEACH, FL 33060      US

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

OWENS, PATRICK PRESIDE  
814 HAMMONDVILLE ROAD  
POMPANO BEACH, FL 33060      US

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: PATRICK OWENS

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: REESER, DENNIS  
Address: 360 SOUTH WYMORE ROAD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: D      ( ) Delete  
Name: REESER, DICK M  
Address: 2700 NE CENTER AVE  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: P      ( ) Delete  
Name: GRUNBAUM, WOLFGANG  
Address: 814 HAMMONDVILLE ROAD  
City-St-Zip: POMPANO BEACH, FL 33060 US

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P      (X) Change ( ) Addition  
Name: OWENS, PATRICK  
Address: 814 HAMMONDVILLE ROAD  
City-St-Zip: POMPANO BEACH, FL 33060 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: PATRICK OWENS

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

Date