

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 519403

FILED  
Jan 04, 2011  
Secretary of State

Entity Name: RIVER ERROR FARMS, INC.

**Current Principal Place of Business:**

170 SOUTHWEST PINCKNEY STREET  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. DRAWER 450  
MADISON, FL 32341 US

**New Mailing Address:**

FEI Number: 59-2060037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARDEE, LAURANCE A  
#304 2310 S HWY 77 #110  
LYNN HAVEN, FL 32444 US

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

HARDEE, CARY A II  
170 SW PINCKNEY STREET  
MADISON, FL 32341 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: CARY A. HARDEE, II

01/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: HARDEE, ALEXANDER F.  
Address: 709 BELLEVILLE AVE  
City-St-Zip: BREWTON, AL 36427

Title: VPD  
Name: HARDEE, LAURANCE A.  
Address: #304 2310 S HWY 77 #110  
City-St-Zip: LYNN HAVEN, FL 32444

Title: TD  
Name: HARDEE, CARY A  
Address: 170 SW PINCKNEY ST  
City-St-Zip: MADISON, FL 32340

Title: PD  
Name: HARDEE, JAMES E., JR.  
Address: RT 3 BOX 776  
City-St-Zip: MADISON, FL 32340

I hereby 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 all other like empowered.

SIGNATURE: CARY A. HARDEE, II

T/D

01/04/2011

Electronic Signature of Signing Officer or Director

Date