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: /S/ WILLIAM A. MCARTHUR	PRESIDENT	04/05/2013		

SIGNATURE: /S/ WILLIAM A. MCARTHUR

Electronic Signature of Signing Officer/Director Detail

## **DOCUMENT# 011946** Entity Name: PIEDMONT FARMS, INC.

# **Current Principal Place of Business:**

569 EDGEWOOD AVENUE SOUTH JACKSONVILLE, FL 32205

#### **Current Mailing Address:**

569 EDGEWOOD AVENUE SOUTH JACKSONVILLE, FL 32205 US

### FEI Number: 59-0411925

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

RAX CO. 50 N. LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202 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:

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title	PD	Title	V
Name	MCARTHUR, WILLIAM A	Name	HENDRIX, CHARLES N
Address	569 EDGEWOOD AVENUE SOUTH	Address	569 EDGEWOOD AVENUE SOUTH
City-State-Zip:	JACKSONVILLE FL 32205	City-State-Zip:	JACKSONVILLE FL 32205

# 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 05, 2013 Secretary of State CC6585090880

Date

Certificate of Status Desired: No

Date