FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 20, 2004 8:00 am
Secretary of State
09-20-2004 90003 039 ***550.00

DOCUMENT # 120802

1. Entity Name
Walnut Hill Farms, Inc.

DO NOT WRITE IN THIS SPACE

54073213

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2. Principal Place of Business	3. Mailing Address
35 N Wynden Dr	35 N. Wynden Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Houston, TX	City & State: Houston, TX
Zip: 77056 Country: USA	Zip: 77056 Country: USA

4. FEI Number: 74-6040180 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd
City: Plantation FL Zip Code: 33324

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE Director NAME Jane B. Owen STREET ADDRESS 35 N. Wynden Dr CITY-ST-ZIP Houston, TX 77056	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Director NAME E.J. Hudson STREET ADDRESS 35 N. Wynden Dr CITY-ST-ZIP Houston, TX 77056	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Secretary/Treasurer NAME Cynthia Hughes STREET ADDRESS 35 N. Wynden Dr CITY-ST-ZIP Houston, TX 77056	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Director NAME Cecil Furstenberg STREET ADDRESS 35 N. Wynden Dr CITY-ST-ZIP Houston, TX 77056	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Director NAME Joyce Von Bothmer STREET ADDRESS 35 N. Wynden Dr CITY-ST-ZIP Houston, TX 77056	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: E.J. Hudson Jr 9.14.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3W1140 1.000