2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 168166

Entity Name: FARM-OP, INC.

Current Principal Place of Business:

315 E. NEW MARKET ROAD
IMMOKALLEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3088
IMMOKALEE, FL 34143 US

New Mailing Address:

PO BOX 3088
IMMOKALEE, FL 34143 US

FEI Number: 59-0671824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITESMAN, GUY E
1715 MONROE STREET
FORT MYERS, FL 33901 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: DP ( ) Delete
Name: WEISINGER, SHERYL A
Address: 315 E. NEW MARKET RD
City-St-Zip: IMMOKALEE, FL 34142

Title: V ( ) Delete
Name: DESSAK, PETER
Address: 315 E. NEW MARKET RD
City-St-Zip: IMMOKALEE, FL 34142

Title: V ( ) Delete
Name: PRESS, MAX
Address: 315 E. NEW MARKET RD
City-St-Zip: IMMOKALEE, FL 34142

Title: VST ( ) Delete
Name: PURSE, TOBY K
Address: 315 EAST NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142

Title: V ( ) Delete
Name: WEISINGER, JAIME
Address: 315 EAST NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: TOBY PURSE VST 01/08/2009

Electronic Signature of Signing Officer or Director Date