

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 177571

FILED
Jan 06, 2009
Secretary of State

Entity Name: MCARTHUR FARMS, INC.

Current Principal Place of Business:

1550 N.E. 208TH STREET
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

1550 N.E. 208TH STREET
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 59-0711120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHAN, DARRYL
16290 BOWLINE ST
BOKEELIA, FL 33922 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: DPT () Delete
Name: RYDZEWSKI, BOB
Address: 2601 S INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: BOWMAN, W.
Address: RT 1 BOX 295
City-St-Zip: DELRAY BCH, FL 33446

Title: D () Delete
Name: DAVIS, J.R.,
Address: P.O. BOX 501
City-St-Zip: SEELEY LAKE, MT 59868

Title: D () Delete
Name: LASKIN, LINDA D
Address: 5684 STOW CANYON RD
City-St-Zip: SANTA BARBARA, CA 93111

Title: D () Delete
Name: DAVIS, NANCY J
Address: 80 SW 8TH ST SUITE 2110
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: MAHAN, D
Address: 16290 BOWLINE ST
City-St-Zip: BOKEELIA, FL 33922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: DAVIS, J.R.,
Address: 44-3031 KALOPA RD
City-St-Zip: HONOKAA, HI 96727

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

Title: D (X) Change () Addition
Name: DAVIS, NANCY J
Address: 80 SW 8TH ST SUITE 2000
City-St-Zip: MIAMI, FL 33130

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: BOB RYDZEWSKI

DPT

01/06/2009

Electronic Signature of Signing Officer or Director

Date