

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 181518

Entity Name: HALES FARMS, INC.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

8863 HIGHWAY 70 E
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2027
OKEECHOBEE, FL 34973 US

New Mailing Address:

FEI Number: 59-0997023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALES, DEBRA S
8863 HIGHWAY 70 EAST
OKEECHOBEE, FL 34972 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: DPS () Delete
Name: SALES, DEBRA S
Address: 8863 HIGHWAY 70 E
City-St-Zip: OKEECHOBEE, FL 34972

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: ROBY, KARLA H
Address: 1906 SW 5TH AVE
City-St-Zip: OKEECHOBEE, FL 34974 US

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: DEBRA S SALES

PD

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date