2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 199105

Entity Name: TAMPA FARM SERVICE, INC.

Current Principal Place of Business:

14425 HAYNES RD
DOVER, FL 33527 US

New Principal Place of Business:

15310 AMBERLY DRIVE
SUITE 250
TAMPA, FL 33647 US

Current Mailing Address:

P O BOX 600, HAYNES RD
DOVER, FL 33527 US

New Mailing Address:

15310 AMBERLY DRIVE
SUITE 250
TAMPA, FL 33647 US

FEI Number: 59-0791553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYNUM, MICHAEL H
14425 HAYNES RD
DOVER, FL 33527 US

Name and Address of New Registered Agent:

BYNUM, MICHAEL H
15310 AMBERLY DRIVE
SUITE 250
TAMPA, FL 33647 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: 03/23/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS (X) Delete
Name: BYNUM, HERBERT
Address: 14425 HAYNES ROAD
City-St-Zip: DOVER, FL 33527

Title: PD ( ) Delete
Name: BYNUM, MICHAEL H,
Address: 14425 HAYNES ROAD
City-St-Zip: DOVER, FL 33527

Title: VASD ( ) Delete
Name: BYNUM< SAMUEL,
Address: 14425 HAYNES ROAD
City-St-Zip: DOVER, FL 33527

Title: ASD ( ) Delete
Name: BYNUM, BLAIR,
Address: 14425 HAYNES ROAD
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: BYNUM, MCHAEL H
Address: 15310 AMBERLY DRIVE - SUITE 250
City-St-Zip: TAMPA, FL 33647

Title: VASD (X) Change ( ) Addition
Name: BYNUM, SAMUEL G
Address: 15310 AMBERLY DRIVE - SUITE 250
City-St-Zip: TAMPA, FL 33647 US

Title: STD (X) Change ( ) Addition
Name: BYNUM, BLAIR M
Address: 15310 AMBERLY DRIVE - SUITE 250
City-St-Zip: TAMPA, FL 33647 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: MICHAEL H. BYNUM P 03/23/2009
Electronic Signature of Signing Officer or Director — Date