2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# 214056

Entity Name: CORBIN FARM AND RANCH SUPPLY INC

Current Principal Place of Business:

544 E SUGARLAND HWY
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

544 E SUGARLAND HWY
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 59-0835212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOY, JOHN B. JR.
401 SWC OWEN AVENUE
CLEWISTON, FL 33440 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: PD ( ) Delete
Name: CORBIN,JOHN G
Address: 544 E. SUGARLAND HWY
City-St-Zip: CLEWISTON, FL

Title: TD ( ) Delete
Name: CORBIN,NANCY
Address: 544 E. SUGARLAND HWY
City-St-Zip: CLEWISTON, FL

Title: VPD ( ) Delete
Name: CORBIN,SUE
Address: 544 E. SUGARLAND HWY
City-St-Zip: CLEWISTON, FL

Title: VPD ( ) Delete
Name: THOMAS, MITCHELL R.
Address: 544 E SUGARLAND HWY
City-St-Zip: CLEWISTON, FL

Title: SD ( ) Delete
Name: THOMAS, MARY CORBIN
Address: 544 E SUGARLAND HWY
City-St-Zip: CLEWISTON, FL

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: R. MITCHELL THOMAS VPD 01/10/2009
Electronic Signature of Signing Officer or Director Date