

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 222320

FILED
Apr 30, 2009
Secretary of State

Entity Name: MEADOWBROOK FARMS INC

Current Principal Place of Business:

9628 SW 74 AVE
OCALA, FL 34476 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 518
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-0850554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANTON, BARBARA J
9628 SW 74 AVE
OCALA, FL 34476 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: V () Delete
Name: LACROIX, DAVID
Address: 8720 WEST HWY #318
City-St-Zip: REDDICK, FL 32686

Title: P () Delete
Name: LACROIX, BARBARA
Address: 8720 WEST HWY #318
City-St-Zip: REDDICK, FL 32686

Title: ST () Delete
Name: STANTON, BARBARA
Address: 9628 SW 74 AVENUE
City-St-Zip: OCALA, FL 34476

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:

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: BARBARA STANTON

ST

04/30/2009

Electronic Signature of Signing Officer or Director

Date