2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 255209

625 MAR VISTA

SOLANO BEACH, CA 92075

Address:

City-St-Zip:

FILED Jan 27, 2009 Secretary of State

Entity Name: A-Z POULTRY FARMS, INC.						
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
1445 CAS, DELAND,	ADAGA RD. FL 32724					
Current Mailing Address:			New Mailing Address:			
P.O. BOX 455 ORANGE CITY, FL 32763				P.O. BOX 740455 ORANGE CITY, FL 32774		
FEI Number	: 59-0948179	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	TSHEER, PIET INNESOTA FL 32724 U	ER C JS				
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUI	RE:					
Electronic Signature of Registered Agent			ent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP (ZITMAN, ELISA 1447 CASADA ORANGE CITY	GA RD.	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition ZITMAN, ELISABETH P.T. 1447 CASADAGA RD. DELAND, FL 32724		
Title: Name: Address: City-St-Zip:	S (LANE, VICTOR 112 COBLE CO LONGWOOD,	DURT	Title: Name: Address: City-St-Zip:	S/VP (LANE, VICTO 112 COBLE O LONGWOOD	COURT	
Title: Name: Address: City-St-Zip:	P (AMBACHTSHE 1701 E. MINNE DELAND, FL 3	SOTA	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name:	T (ZITMAN, TJITS) Delete KE	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: VICTORIA C. LANE S/VP 01/27/2009