2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 270583

Entity Name: LONG FARMS, INC.

Current Principal Place of Business:

2849 LUST RD
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

2849 LUST RD
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-1021946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILL, LISA L
2820 NEIL RD
APOPKA, FL 32703 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: CM ( ) Delete
Name: LONG,WILLIAM D
Address: 2860 NEIL ROAD
City-St-Zip: APOPKA, FL

Title: PD ( ) Delete
Name: HILL, LISA L
Address: 2820 NEIL ROAD
City-St-Zip: APOPKA, FL

Title: VD ( ) Delete
Name: HILL, DAVID
Address: 2820 NEIL ROAD
City-St-Zip: APOPKA, FL

Title: VPMD (X) Delete
Name: LONG, TONYA
Address: PO BOX 641
City-St-Zip: POMONA PARK, FL 32181

Title: STD ( ) Delete
Name: LONG, BARBARA
Address: 2860 NEIL ROAD
City-St-Zip: APOPKA, FL

Title: D ( ) Delete
Name: LONG, BEAUREGARD
Address: 1601 N ATLANTIC
City-St-Zip: NEW SMYRNA BCH, 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:

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: WILLIAM D. LONG, SR. CM 04/06/2009

Electronic Signature of Signing Officer or Director Date