

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 364541

Entity Name: M.J. STAVOLA FARMS, INC.

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

151 NE. 95 STREET
ANTHONY, FL 32617

New Principal Place of Business:

Current Mailing Address:

PO BOX 1209
ANTHONY, FL 32617

New Mailing Address:

FEI Number: 59-1292774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUGHTON, WILLIAM W
151 NE 95 STREET
ANTHONY, FL 32617 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: P () Delete
Name: STAVOLA, WILLIAM H
Address: PO BOX 419
City-St-Zip: KINSINGTON, NJ 08528

Title: VP () Delete
Name: CROWLEY, MICHAEL J
Address: PO BOX 419
City-St-Zip: KINSINGTON, NJ 08528

Title: ST () Delete
Name: CONWAY, GEORGE
Address: PO BOX 419
City-St-Zip: KINSINGTON, NJ 08528

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: GEORGE CONWAY

ST

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date