

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 373933

FILED
Feb 15, 2009
Secretary of State

Entity Name: WRIGHTS NASSAU COUNTY FARMS, INC.

Current Principal Place of Business:

61957 RIVER ROAD
CALLAHAN, FL 32011 US

New Principal Place of Business:

Current Mailing Address:

61957 RIVER ROAD
CALLAHAN, FL 32011 US

New Mailing Address:

FEI Number: 59-1310456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGGINBOTHAM, BETTY W
25417 WOOLIE B LANE
CALLAHAN, FL 32011 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: WRIGHT, WILLIAM P
Address: 955 HOLASTEIN LANE
City-St-Zip: BAXLEY, GA 31513

Title: ST () Delete
Name: HIGGINBOTHAM, BETTY W
Address: 25417 WOOLIE B LANE
City-St-Zip: CALLAHAN, FL 32011

Title: M/D () Delete
Name: HIGGINBOTHAM, DONNA W
Address: 612125 RIVER RD
City-St-Zip: CALLAHAN, FL 32011

Title: M/D () Delete
Name: LLOYD, SALLY W
Address: 20213 57TH RD
City-St-Zip: LAKE CITY, FL 320242113

Title: M/D () Delete
Name: WHITTY, VICKIE W
Address: 166 BOVINE DR
City-St-Zip: MERSHON, GA 31551

Title: M/D () Delete
Name: DAVIS, ARLENE W
Address: 186 BOVINE DR
City-St-Zip: MERSHON, GA 31551

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: M/D (X) Change () Addition
Name: LLOYD, SALLY W
Address: 20213 57TH RD
City-St-Zip: LAKE CITY, FL 32024

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: BETTY W. HIGGINBOTHAM

ST

02/15/2009

Electronic Signature of Signing Officer or Director

Date