

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 391238

Entity Name: LEEPER FARMS, INC.

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

8104 HILLCREST DR
MANASSAS, VA 20111 US

New Principal Place of Business:

Current Mailing Address:

8104 HILLCREST DR
MANASSAS, VA 20111 US

New Mailing Address:

FEI Number: 59-1378311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEEPER, KENT
1620 MAYFLOWER COURT B-519
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

SWENSON, KATHLEEN
8104 HILLCREST DRIVE
MANASSAS, VIRGINIA, FL 20111 US

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: KATHLEEN LEEPER SWENSON

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEEPER, TOM
Address: EAST 650TH/INTL 2880TH AVE
City-St-Zip: URSA, IL 62376

Title: TSD () Delete
Name: SWENSON, KATHLEEN
Address: 8104 HILLCREST DR
City-St-Zip: MANASSAS, VA 20111

Title: D () Delete
Name: COPPER, PATRICIA A LEEPER
Address: 5403 LEGENDS DRIVE
City-St-Zip: BRASELTON, GA 30517 US

Title: D (X) Delete
Name: LEEPER, KENT
Address: 1620 MAYFLOWER CT B519
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: COPPER, ROBERT
Address: 5403 LEGENDS DRIVE
City-St-Zip: BRASELTON, GA 30517

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:

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: KATHLEEN LEEPER SWENSON

TSD

04/07/2009

Electronic Signature of Signing Officer or Director

Date