

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 391238

FILED
Apr 09, 2012
Secretary of State

Entity Name: LEEPER FARMS, INC.

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:

SWENSON, KATHLEEN L MS.
8104 HILLCREST DRIVE
MANASSAS, VIRGINIA, FL 20111 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

OFFICERS AND DIRECTORS:

Title: PD
Name: LEEPER, TOM K MR.
Address: 538 NORTH 2850TH AVENUE
City-St-Zip: URSA, IL 62376

Title: TSD
Name: SWENSON, KATHLEEN L MS.
Address: 8104 HILLCREST DR
City-St-Zip: MANASSAS, VA 20111

Title: D
Name: COPPER, PATRICIA A MRS.
Address: 5403 LEGENDS DRIVE
City-St-Zip: BRASELTON, GA 30517 US

Title: D
Name: COPPER, ROBERT MR.
Address: 5403 LEGENDS DRIVE
City-St-Zip: BRASELTON, GA 30517

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN LEEPER SWENSON

TSD

04/09/2012

Electronic Signature of Signing Officer or Director

Date