2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 401566

Entity Name: IRISH ACRES FARM, INC.

Current Principal Place of Business:

9175 NW 60TH AVENUE
OCALA, FL 34482 US

New Principal Place of Business:

Current Mailing Address:

9175 NW 60TH AVENUE
OCALA, FL 34482 US

New Mailing Address:

FEI Number: 59-1407614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKEY, MARGARET A
9175 NW 60TJ AVENUE
OCALA, FL 34482 US

Name and Address of New Registered Agent:

HICKEY, MARGARET A
9175 NW 60TH AVENUE
OCALA, FL 34482 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: MARGARET A HICKEY 04/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HICKEY,MARGARET ANN
Address: 9175 NW 60TH AVENUE
City-St-Zip: OCALA, FL 34482

Title: D ( ) Delete
Name: MCKENNA, KATHLEEN
Address: 9175 NW 60TJ AVENUE
City-St-Zip: OCALA, FL 34482

Title: DS ( ) Delete
Name: ABSTON, PATRICIA A
Address: 9175 NW 60TH AVENEU
City-St-Zip: OCALA, FL 34482

Title: T ( ) Delete
Name: HICKEY, MARGARET ANN
Address: 9175 NW 60TH AVENUE
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: ABSTON, PATRICIA A
Address: 9175 NW 60TH AVENUE
City-St-Zip: OCALA, FL 34482

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: MARGARET A HICKEY PD 04/24/2009
Electronic Signature of Signing Officer or Director Date