

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 418696

Entity Name: HILLANDALE FARMS, INC.

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

247 NW HILLANDALE GLN
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2109
LAKE CITY, FL 320562109 US

New Mailing Address:

247 NW HILLANDALE GLN
LAKE CITY, FL 32055

FEI Number: 59-1439919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAZEN, JACK E SR
247 NW HILLANDALE GIN
LAKE CITY, FL 32055 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: HAZEN, JACK E
Address: 13055 SW 17TH AVE
City-St-Zip: BROOKER, FL 32622

Title: D () Delete
Name: HAZEN, JACK E JR
Address: 123 HARMONY RD
City-St-Zip: COLUMBIA, MS 39429

Title: D () Delete
Name: HUNNICULT, HOMER E JR
Address: 4004 RAINES RD
City-St-Zip: BROOKSVILLE, FL 34604

Title: ST () Delete
Name: WARD, JO N
Address: 2185 NW LAKE JEFFREY RD
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: BETHEL, ORLAND R
Address: 7196 HAWKSVIEW TRAIL
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: MIZELL, DORMAN W
Address: 45120 DORMAN PLACE
City-St-Zip: CALLAHAN, FL 32011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HAZEN, JACK E JR
Address: P. O. BOS 315
City-St-Zip: WELLBORN, FL 32094

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: JO N. WARD

ST

01/29/2009

Electronic Signature of Signing Officer or Director

Date