2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# 444471

Entity Name: ERICKSON FARM, INC.

Current Principal Place of Business:

13646 US 441 N
CANAL POINT, FL 33438 US

New Principal Place of Business:

13646 US HIGHWAY 441
CANAL POINT, FL 33438 US

Current Mailing Address:

13646 US HWY 441
CANAL POINT, FL 334389553 US

New Mailing Address:

13646 US HIGHWAY 441
CANAL POINT, FL 334389553 US

FEI Number: 59-1534970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATHEWS, ROBERT E. JR.
257 S.E. AVE. E
BELLE GLADE, FL 33430 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: PD ( ) Delete
Name: ERICKSON, DALE, E.,
Address: 13538 US HWY 441
City-St-Zip: CANAL POINT, FL 33438

Title: TD ( ) Delete
Name: ERICKSON, KRISTA
Address: 13542 US HWY 441
City-St-Zip: CANAL POINT, FL 33438

Title: SD ( ) Delete
Name: ERICKSON, KIMBERLY
Address: 142 W LOGAN ST
City-St-Zip: BELLEFONTE, PA 10823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: ERICKSON, KRISTA
Address: 13650 US HWY 441
City-St-Zip: CANAL POINT, FL 33438

Title: SD (X) Change ( ) Addition
Name: ERICKSON, KIMBERLY
Address: 13542 US HWY 441
City-St-Zip: CANAL POINT, FL 33438

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: KRISTA ERICKSON TD 01/16/2009
Electronic Signature of Signing Officer or Director Date