

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 444471

**FILED**  
**May 03, 2011**  
**Secretary of State**

**Entity Name:** ERICKSON FARM, INC.

**Current Principal Place of Business:**

13646 US HIGHWAY 441  
CANAL POINT, FL 33438 US

**New Principal Place of Business:**

**Current Mailing Address:**

13646 US HIGHWAY 441  
CANAL POINT, FL 33438 US

**New Mailing Address:**

**FEI Number:** 59-1534970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** ERICKSON, DALE, E.  
**Address:** 13538 US HWY 441  
**City-St-Zip:** CANAL POINT, FL 33438

**Title:** TDSD  
**Name:** ERICKSON, KRISTA  
**Address:** 13650 US HWY 441  
**City-St-Zip:** CANAL POINT, FL 33438

**Title:** PD  
**Name:** ERICKSON, KIMBERLY  
**Address:** 13542 US HWY 441  
**City-St-Zip:** CANAL POINT, FL 33438

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:** KRISTA ERICKSON

TD

05/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date