

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 470672

FILED  
Feb 07, 2009  
Secretary of State

Entity Name: GULF COUNTY FARMS, INC.

## Current Principal Place of Business:

3003 HWY 77  
STE A  
LYNN HAVEN, FL 32444

## New Principal Place of Business:

806 HIGHWAY 20  
SOUTHPORT, FL 32409

## Current Mailing Address:

P.O. BOX 757  
LYNN HAVEN, FL 32444

## New Mailing Address:

FEI Number: 59-1578595      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLEMING, MAX  
8730 THOMAS DRIVE #1103  
PANAMA CITY BEACH, FL 32408      US

## Name and Address of New Registered Agent:

FLEMING, MAX  
806 HIGHWAY 20  
SOUTHPORT, FL 32409      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: MAX FLEMING

02/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FLEMING, MAX,  
Address: 8730 THOMAS DR., #1103A  
City-St-Zip: PANAMA CITY BEACH, FL

Title: D ( ) Delete  
Name: FLEMING, GEORGE RAY,  
Address: 8730 THOMAS DR., #1103A  
City-St-Zip: PANAMA CITY BEACH, FL

Title: D ( ) Delete  
Name: FLEMING, MAXIE,  
Address: 8730 THOMAS DR., #1103A  
City-St-Zip: PANAMA CITY BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FLEMING, MAX,  
Address: 806 HIGHWAY 20  
City-St-Zip: SOUTHPORT, FL 32409

Title: D (X) Change ( ) Addition  
Name: FLEMING, GEORGE RAY,  
Address: 13400 HIGHWAY 77  
City-St-Zip: LAKE MERIAL, FL 32409

Title: D (X) Change ( ) Addition  
Name: FLEMING, MAXIE,  
Address: 100 CHERRY STREET  
City-St-Zip: PANAMA CITY, FL 32401

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: MAX FLEMING

PD

02/07/2009

Electronic Signature of Signing Officer or Director

Date