2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# 550164

Entity Name: BAGGETT BROTHERS FARM, INC.

Current Principal Place of Business:

26725 NE BILL BAGGETT RD
ALTHA, FL 32421

New Principal Place of Business:

Current Mailing Address:

26725 NE BILL BAGGETT RD
ALTHA, FL 32421

New Mailing Address:

FEI Number: 59-1783555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAGGETT, MAE
26725 NE BILL BAGGETT RD
ALTHA, FL 32421 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: DP ( ) Delete
Name: BAGGETT, BOBBY,
Address: 27640 NE CR 275
City-St-Zip: ALTHA, FL 32421

Title: DV (X) Delete
Name: BAGGETT, BILLY,
Address: 26725 NE BILL BAGGETT RD
City-St-Zip: ALTHA, FL

Title: DV ( ) Delete
Name: BAGGETT, L.N.,
Address: 25251 NE JODY FIELD RD
City-St-Zip: ALTHA, FL

Title: ST ( ) Delete
Name: BAGGETT, MAE,
Address: 26725 NE BILL BAGGETT RD
City-St-Zip: ALTHA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DST (X) Change ( ) Addition
Name: BAGGETT, MAE,
Address: 26725 NE BILL BAGGETT RD
City-St-Zip: ALTHA, FL

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: MAE BAGGETT DST 04/02/2009

Electronic Signature of Signing Officer or Director — Date