2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# 561250

Entity Name: REYNOLDS FARMS, INC.

Current Principal Place of Business:

521 LAKE FRANCIS ROAD
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

521 LAKE FRANCIS ROAD
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 59-1881023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYNOLDS, CHARLES JR
521 LAKE FRANCIS ROAD
LAKE PLACID, FL 33852 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:	REYNOLDS, C.L.,	
Address:	521 LAKE FRANCIS RD.	
City-St-Zip:	LAKE PLACID, FL	
Title:	D	( ) Delete
Name:	REYNOLDS, ELOISE,	
Address:	521 LAKE FRANCIS RD.	
City-St-Zip:	LAKE PLACID, FL	
Title:	STD	( ) Delete
Name:	REYNOLDS, CHARLES L., ,JR	
Address:	80 BEAR PT. LN.	
City-St-Zip:	LAKE PLACID, FL	
Title:	VD	( ) Delete
Name:	REYNOLDS, TERRY L,	
Address:	106 BODENHAM RD	
City-St-Zip:	LAKE PLACID, FL	
Title:	STD	( ) Delete
Name:	BULLARD, BARBAR ANN(, ASST	
Address:	112 BODENHAM RD	
City-St-Zip:	LAKE PLACID, 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:	( ) 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: CHARLES L. REYNOLDS JR. STD 01/12/2009

Electronic Signature of Signing Officer or Director — Date