2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 577023

Address:

City-St-Zip:

6608 BYRNES DRIVE

MC LEAN, VA 22101

Entity Name: GETFORD FARM II, INC

FILED Mar 06, 2008 Secretary of State

Entity Nai	me: GETFOR	D FARM II, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	SINGNAM CIR L 347617007				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 1214 HEDGESVILLE, WV 25427			9317 DUNLOGGIN ROAD ELLICOTT CITY, MD 21042		
FEI Number	: 59-1832001	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1739 CÁS	RED E JR. SINGHAM CIR L 347617007				
	named entity see of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVST () CROSS, MATTH 1739 CASSING OCOEE, FL 34	HAM CIR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CROSS, MARY 9317 DUNLOGO ELLICOTT CITY	GIN ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () WILKES, ANGE	Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MARY C. CROSS D 03/06/2008