

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 629210

FILED
Mar 23, 2009
Secretary of State

Entity Name: BUCHALLA FARM SUPPLY, INC.

Current Principal Place of Business:

4530 SE 110TH ST.
BELLEVIEW, FL 34420 US

New Principal Place of Business:

Current Mailing Address:

107 NE 1ST AVE
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-1927270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUCHALLA, VANCE
4530 SE 110TH ST.
BELLEVIEW, FL 34420 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: BUCHALLA, VANCE,
Address: 250 SE HWY 484
City-St-Zip: OCALA, FL 34480

Title: STD () Delete
Name: BUCHALLA, MARLYN,
Address: 250 SE HWY 484
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BUCHALLA, VANCE
Address: 250 SE HWY 484
City-St-Zip: OCALA, FL 34480

Title: STD (X) Change () Addition
Name: BUCHALLA, MARLYN
Address: 250 SE HWY 484
City-St-Zip: OCALA, FL 34480

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: MARLYN BUCHALLA

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03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date