

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743656

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: ABBA FARMS, INC.

## Current Principal Place of Business:

32901 LEONARD RD.  
PO BOX 477  
SAN ANTONIO, FL 33576 US

## New Principal Place of Business:

32901 LEONARD RD.  
SAN ANTONIO, FL 33576 US

## Current Mailing Address:

LEONARD LANE  
PO BOX 477  
SAN ANTONIO, FL 33576

## New Mailing Address:

FEI Number: 59-1836934      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERRONE, RONALD S  
32901 LEONARD RD.  
P. O. BOX 477  
SAN ANTONIO, FL 33576 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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GANIM, JOSEPH,  
Address: 315 JOSEPH STREET  
City-St-Zip: S CHARLESTON, W VA 00000, 25303

Title: PVD ( ) Delete  
Name: PERRONE, RONALD S,  
Address: 32901 LEONARD LANE P.O. BOX 477  
City-St-Zip: SAN ANTONIO, FL 33576

Title: STD ( ) Delete  
Name: PERRONE, SYLVIA,  
Address: 32901 LEONARD LANE, P.O. BOX 477  
City-St-Zip: SAN ANTONIO, FL 00000, 33576

## 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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA PERRONE

STD

03/11/2009

Electronic Signature of Signing Officer or Director

Date