

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843806

Entity Name: GOLDKISS FARMS, INC.

FILED  
Jan 25, 2008  
Secretary of State

## Current Principal Place of Business:

102 BROOKSIDE DR.  
GRAPEVINE, TX 76051 US

## New Principal Place of Business:

## Current Mailing Address:

102 BROOKSIDE DR.  
P.O. BOX 1419  
GRAPEVINE, TX 76051 US

## New Mailing Address:

GOLDKISS FARMS INC  
P.O. BOX 1419  
GRAPEVINE, TX 76099 US

FEI Number: 75-1643705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PTD ( ) Delete  
Name: DODSON, ELSIE B.,  
Address: 102 BROOKSIDE DRIVE  
City-St-Zip: GRAPEVINE, TX 76051

Title: SD ( ) Delete  
Name: DODSON, JAMES K.,  
Address: 102 BROOKSIDE DRIVE  
City-St-Zip: GRAPEVINE, TX 76051

Title: VPO ( ) Delete  
Name: BETTS, LARRY M.,  
Address: 10572 303 ST. E.  
City-St-Zip: MYAKKA CITY, FL 34251

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

SIGNATURE: ELSIE B DODSON

PTD

01/25/2008

Electronic Signature of Signing Officer or Director

Date