

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000000754**

1. Entity Name  
**GUY WILSON FARMS INC**



Principal Place of Business  
**6049 NORTH MERIDIAN STREET  
INDIANAPOLIS, IN 46208-1534 US**

Mailing Address  
**6049 NORTH MERIDIAN STREET  
INDIANAPOLIS, IN 46208-1534 US**



01252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **35-1581435** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WATSON, DAVID  
3715 MOCKINGBIRD DRIVE  
VERO BEACH, FL 32963**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Sharon Watson*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCD  
WATSON, SHARON  
6049 NORTH MERIDIAN STREET  
INDIANAPOLIS, IN 46208**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
WATSON, ROSEMARY  
6049 NORTH MERIDIAN STREET  
INDIANAPOLIS, IN 46208**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
WATSON, DAVID  
3715 MOCKINGBIRD DRIVE  
VERO BEACH, FL 32963**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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02/07/08-80015-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

*Sharon Watson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pres.*

*1 25 08*

Date

Daytime Phone #