

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000000754

Entity Name: GUY WILSON FARMS INC

FILED
Sep 30, 2009
Secretary of State

Current Principal Place of Business:

6049 NORTH MERIDIAN STREET
INDIANAPOLIS, IN 462081534 US

New Principal Place of Business:

Current Mailing Address:

6049 NORTH MERIDIAN STREET
INDIANAPOLIS, IN 462081534 US

New Mailing Address:

FEI Number: 35-1581435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WATSON, SHARON
6049 N. MERIDAIN ST.
INDIANAPOLIS, FL 46208 US

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: SHARON WATSON

09/30/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: WATSON, SHARON
Address: 6049 NORTH MERIDIAN STREET
City-St-Zip: INDIANAPOLIS, IN 46208

Title: VD () Delete
Name: WATSON, ROSEMARY
Address: 6049 NORTH MERIDIAN STREET
City-St-Zip: INDIANAPOLIS, IN 46208

Title: STD () Delete
Name: WATSON, DAVID
Address: 3715 MOCKINGBIRD DRIVE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: WATSON, DAVID
Address: 6049 N. MERIDIAN ST
City-St-Zip: INDIANAPOLIS, IN 46208

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: SHARON WATSON

PCD

09/30/2009

Electronic Signature of Signing Officer or Director

Date