

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005866

FILED  
May 01, 2009  
Secretary of State

Entity Name: GREEN HILLS FARMS PRODUCE, INC.

**Current Principal Place of Business:**

1800 W OLD ANDREW JOHNSON HWY  
NEW MARKET, TN 37820

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 369  
NEW MARKET, TN 37820

**New Mailing Address:**

FEI Number: 11-3795578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRADLEY, HEATHER  
C/O GREEN HILL FARMS PRODUCE, INC.  
3093 KENNESAW  
FT MYERS, FL 33916 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

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: CEO ( ) Delete  
Name: BRADLEY, MIKE  
Address: 2306 KATIE LN  
City-St-Zip: MORRISTOWN, TN 37814

Title: P ( ) Delete  
Name: WILSON, JAMES  
Address: 1094 HAZELWOOD CIR  
City-St-Zip: MORRISTOWN, TN 37814

Title: ST ( ) Delete  
Name: BRADLEY, HEATHER  
Address: 2306 KATIE LN  
City-St-Zip: MORRISTOWN, TN 37814

**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: JOSEPH M SWANN

CPA

05/01/2009

Electronic Signature of Signing Officer or Director

Date