

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16970

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: COUSE FARMS, INC.

**Current Principal Place of Business:**

C/O MILLER COUSE  
227 E. CRESCENT DR.  
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MILLER COUSE  
227 E. CRESCENT DR.  
CLEWISTON, FL 33440

**New Mailing Address:**

FEI Number: 59-2061983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COUSE, MILLER  
227 E. CRESCENT DR.  
CLEWISTON, FL 33440 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  
Name: COUSE, LAUREN  
Address: 227 E. CRESCENT DR.  
City-St-Zip: CLEWISTON, FL 33440

Title: PD  
Name: COUSE, MILLER  
Address: 227 E. CRESCENT DR.  
City-St-Zip: CLEWISTON, FL 33440

Title: VD  
Name: COUSE, TONI  
Address: 227 E. CRESCENT DR.  
City-St-Zip: CLEWISTON, FL 33440

Title: D  
Name: COUSE, ANDREW  
Address: 227 E. CRESCENT DR.  
City-St-Zip: CLEWISTON, FL 33440

I hereby 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 all other like empowered.

SIGNATURE: MILLER COUSE

PRES

01/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date