2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# F32843

Entity Name: CRABTREE FARMS, INC.

Current Principal Place of Business:

257 MINORCA BEACH WAY
SUITE 504
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

257 MINORCA BEACH WAY
SUITE 504
NEW SMYRNA BEACH, FL 32169 US

New Mailing Address:

FEI Number: 59-2360955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, H WILLIAM
257 MINORCA BEACH WAY
SUITE 504
NEW SMYRNA BEACH, FL 32169 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: STD ( ) Delete
Name: WHITE, H. WILLIAM
Address: 2801 PENINSULA AVE, UNIT #504
City-St-Zip: NEW SMYRNA BEACH, FL

Title: VPD ( ) Delete
Name: FULTZ, CHUCK
Address: POB 1417
City-St-Zip: LAKE JUNALUSKA, NC 28745

Title: P ( ) Delete
Name: DOSSEY, VIC
Address: 107 GLENDALE DR
City-St-Zip: WAYNESVILLE, NC 28786

Title: D ( ) Delete
Name: HAFLEY, PATRICIA
Address: 2172 NEWBURY CT
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: ROOSE, CHARLIE
Address: 4310 HICKORY SHORES BLVD
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: WHITE, H. WILLIAM
Address: 2801 PENINSULA AVE, UNIT #504
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: SD (X) Change ( ) Addition
Name: MELVIN, SUZAN
Address: 949 WESTWINDS BLVD
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: H. W. WHITE TD 02/23/2009

Electronic Signature of Signing Officer or Director — Date