

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F35024

Entity Name: WEEDMAN FARMS, INC.

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

6700 CR 16A  
ST. AUGUSTINE, FL 32092

## **New Principal Place of Business:**

6700 CR 16-A  
ST. AUGUSTINE, FL 32092

## **Current Mailing Address:**

11235 BOARDTOWN ROAD  
CHERRY LOG, GA 30522

## **New Mailing Address:**

6700 CR 16-A  
ST. AUGUSTINE, FL 32092

FEI Number: 59-2089921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPOONER, SHIRLEY W  
6700 CR 16-A  
ST. AUGUSTINE, FL 32092 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: TSD  
Name: SPOONER, SHIRLEY  
Address: 6700 CR 16-A  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: PCD  
Name: WEEDMAN, EARL J  
Address: 6700 CR 16A  
City-St-Zip: ST. AUGUSTINE, FL 32092

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: SHIRLEY WEEDMAN SPOONER

TSD

01/20/2012

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

\_\_\_\_\_  
Date