

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000346

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: KNOX HONEY FARM, LTD. INC.

## Current Principal Place of Business:

9239 NORTH OAKWOOD AVENUE  
NEENAH, WI 54956

## New Principal Place of Business:

## Current Mailing Address:

9239 NORTH OAKWOOD AVENUE  
NEENAH, WI 54956

## New Mailing Address:

FEI Number: 39-1869429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PD ( ) Delete  
Name: KNOX, JOHN  
Address: 9239 NORTH OAKWOOD AVENUE  
City-St-Zip: NEENAH, WI 54956

Title: SD ( ) Delete  
Name: KNOX, LISA  
Address: 9239 NORTH OAKWOOD AVENUE  
City-St-Zip: NEENAH, WI 54956

Title: S ( ) Delete  
Name: BELLIN, DUANE  
Address: 2047 PERSHING RD  
City-St-Zip: NEW LONDON, WI 54961

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KNOX, JOHN A  
Address: 9239 NORTH OAKWOOD AVENUE  
City-St-Zip: NEENAH, WI 54956

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: LISA KNOX

SD

04/03/2009

Electronic Signature of Signing Officer or Director

Date