

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002454

FILED
Mar 24, 2009
Secretary of State

Entity Name: TAYLOR FARMS OF SOUTH BAY, INC.

Current Principal Place of Business:

7492 CHANCELLOR DRIVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

318 CAYUGA STREET
SALINAS, CA 93901

New Mailing Address:

FEI Number: 93-1155159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPAMERICA, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: DP () Delete
Name: TAYLOR, BRUCE C MR.
Address: 7492 CHANCELLOR DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: ROMANS, THOMAS MR.
Address: 7492 CHANCELLOR DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: PURA, STAN MR.
Address: 7492 CHANCELLOR DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: D/TS () Delete
Name: BRYAN, THOMAS MR.
Address: 7492 CHANCELLOR DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: D (X) Delete
Name: MORETTI, RICHARD MR.
Address: 7492 CHANCELLOR DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: DVP () Delete
Name: LEACH, ALEC MR.
Address: 7492 CHANCELLOR DRIVE
City-St-Zip: ORLANDO, FL 32809

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:

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: THOMAS M. BRYAN

D/TS

03/24/2009

Electronic Signature of Signing Officer or Director

Date