

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000000333

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** ROWE-SHELburn FARMS, INC.

**Current Principal Place of Business:**

C/O THOMAS D. ROWE  
85 SEA MARSH ROAD  
AMELIA ISLAND, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THOMAS D. ROWE  
85 SEA MARSH ROAD  
AMELIA ISLAND, FL 32034

**New Mailing Address:**

**FEI Number:** 47-0567494

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROWE, THOMAS D  
85 SEA MARSH ROAD  
AMELIA ISLAND, FL 32034 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:** PSTD  
**Name:** ROWE, THOMAS D  
**Address:** 85 SEA MARSH ROAD  
**City-St-Zip:** AMELIA ISLAND, FL 32034 US

**Title:** VD  
**Name:** HANEY, MARY E  
**Address:** 13327 HILLSBOROUGH DR.  
**City-St-Zip:** OMAHA, NE 68164 US

**Title:** D  
**Name:** ROWE, SHARON M  
**Address:** 85 SEA MARSH ROAD  
**City-St-Zip:** AMELIA ISLAND, FL 32034 US

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:** THOMAS D ROWE

PSTD

01/04/2012

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

\_\_\_\_\_  
Date