2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# G01404

Entity Name: FANCY FARMS OF TAVARES, INC.

Current Principal Place of Business:

12231 DEAD RIVER RD
P.O. BOX 1600
TAVARES, FL 32778 US

New Principal Place of Business:

12231 DEAD RIVER RD
TAVARES, FL 32778 US

Current Mailing Address:

12231 DEAD RIVER RD
P.O. BOX 1600
TAVARES, FL 327781600 US

New Mailing Address:

P. O. BOX 1600
TAVARES, FL 327781600 US

FEI Number: 59-2221032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEADOWS, JOHN W
12231 DEAD RIVER RD
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

JOHN W., MEADOWS P
12231 DEAD RIVER RD
TAVARES, FL 32778 US

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: JOHN W. MEADOWS 04/12/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MEADOWS, JOHN W
Address: 12231 DEAD RIVER RD
City-St-Zip: TAVARES, FL 32778

Title: TSD ( ) Delete
Name: MEADOWS, MARY B
Address: 12231 DEAD RIVER RD
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MEADOWS, JOHN W PD
Address: 12231 DEAD RIVER RD
City-St-Zip: TAVARES, FL 32778

Title: TSD (X) Change ( ) Addition
Name: MEADOWS, MARY B TSD
Address: 12231 DEAD RIVER RD
City-St-Zip: TAVARES, FL 32778

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: JOHN W. MEADOWS PD 04/12/2009
Electronic Signature of Signing Officer or Director Date