

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G51886

Entity Name: THE BLACK FARM, INC.

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

PO BOX 2461
VALDOSTA, GA 31604

New Principal Place of Business:

1905 SE CORINTH CHURCH ROAD
LEE, F 32059

Current Mailing Address:

PO BOX 2461
901 WEST BASE STREET
VALDOSTA, GA 31604

New Mailing Address:

PO BOX 2461
VALDOSTA, GA 31604

FEI Number: 59-2331597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIS, DORIS B
4064 HEATH RD.
JACKSONVILLE, FL 32277 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: VT () Delete
Name: CRAGO, KENNETH M
Address: P.O. BOX 2461
City-St-Zip: VALDOSTA, GA 31604

Title: V () Delete
Name: ELLIS, DORIS B.,
Address: 4064 HEATH RD.
City-St-Zip: JACKSONVILLE, FL 32277

Title: V () Delete
Name: SALE, ROBBIE LEE B.,
Address: 425 MARIE AVE.
City-St-Zip: BLOUNTSTOWN, FL

Title: PS () Delete
Name: BLACK, BRUCE,
Address: 3754 MEADOW RUE LANE
City-St-Zip: NORCROSS, GA

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:

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: KENNETH M. CRAGO

VT

01/09/2009

Electronic Signature of Signing Officer or Director

Date