

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G52892

Entity Name: FOX LEA FARM, INC.

FILED
Mar 17, 2010
Secretary of State

Current Principal Place of Business:

C/O LINDA S. ALDRICH
800 NORTH AUBURN ROAD
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

C/O LINDA S. ALDRICH
P O BOX 400
VENICE, FL 34284

New Mailing Address:

FEI Number: 59-2307231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALDRICH, LINDA S P
609 FOUR BAYS DRIVE
NOKOMIS, FL 34275 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: DPT
Name: ALDRICH, LINDA S.
Address: 609 FOUR BAYS DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: SV
Name: ALDRICH, DAVID K
Address: 609 FOUR BAYS DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: AT
Name: FARRELL, KIMBERLY R.
Address: 727 BACK NINE DRIVE
City-St-Zip: VENICE, FL 34285

Title: AS
Name: ALDRICH, DAVID T.
Address: 2737 BUCKTHORN WAY
City-St-Zip: NAPLES, FL 34105

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: LINDA S. ALDRICH

DPT

03/17/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date