2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G72465

Entity Name: ADRIAN C. FLETCHER FARMS, INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
3612 JUNI QUINCY, F				
Current Mailing Address:			New Mailing Address:	
POST OFFICE BOX 70 GREENSBORO, FL 323300070				
FEI Number:	59-2354576	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
VICE, PATRICIA F 250 EDWIN CLARK RD QUINCY, FL 32351 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,				
	of Florida.	ubilitis tills statement for the p	outpose of changing its registered	a office of registered agent, or both,
SIGNATUR	RE:			
	Electroni	c Signature of Registered Age	ent	 Date
Election Car		Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () VICE, PATRICIA 250 EDWIN CLA QUINCY, FL 32	RK RD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD () BRIDGES, JANE 128 MATTHEW QUINCY, FL 32	CLARK RD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () FENN, ROSALYI 1372 PROVIDEN QUINCY, FL 32	ICE RD.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () FLETCHER, A. C 511 HOPKINS L QUINCY, FL 32	ANDING RD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	D () HALL, GLENDA 338 HOLMES BI		Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: PATRICIA FLETCHER VICE P 01/07/2009

City-St-Zip: FORT WALTON BEACH, FL 32548