

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17273

Entity Name: MID-FLORIDA FARMS INC.

FILED  
Jan 15, 2009  
Secretary of State

## Current Principal Place of Business:

6990 SARTORI AVENUE  
PALM BAY, FL 32909

## New Principal Place of Business:

## Current Mailing Address:

6990 SARTORI AVENUE  
PALM BAY, FL 32909

## New Mailing Address:

FEI Number: 59-2437125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SARTORI, JAMES  
3100 N RIVERSIDE DRIVE  
INDIALANTIC, FL 32903 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: DP ( ) Delete  
Name: SARTORI, JAMES,  
Address: 3100 N RIVERSIDE DRIVE  
City-St-Zip: INIALANTIC, FL

Title: VP ( ) Delete  
Name: GARRETT, EUGENE T.,  
Address: 6990 SARTORI AVE  
City-St-Zip: PALM BAY, FL

Title: T ( ) Delete  
Name: PETERSON, PAUL ANDREW  
Address: P.O BOX 159  
City-St-Zip: SUMMERDALE, AL 36580

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: SARTORI, RICHARD  
Address: 4016 AFFIRMED LANE  
City-St-Zip: MALABAR, FL 32950

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: EUGENE T. GARRETT

VP

01/15/2009

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

\_\_\_\_\_  
Date