

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H39878

Entity Name: FULFORD FARMS, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

6025 BOSTON HWY
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

C/O GARY FULFORD
6025 BOSTON HWY.
MONTICELLO, FL 32344

New Mailing Address:

6025 BOSTON HWY
MONTICELLO, FL 32344

FEI Number: 59-2489714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULFORD, STEPHEN G
5976 BOSTON HWY
MONTICELLO, FL 32344 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: PD () Delete
Name: FULFORD, CLAYTON A III
Address: 6063 BOSTON HWY
City-St-Zip: MONTICELLO, FL 32344

Title: VD () Delete
Name: FULFORD, PHILLIP G
Address: 6025 BOSTON HWY
City-St-Zip: MONTICELLO, FL 32344

Title: SD () Delete
Name: FULFORD, STEPHEN G
Address: 5976 BOSTON HWY
City-St-Zip: MONTICELLO, FL 32344

Title: TD () Delete
Name: FULFORD, ERNEST C
Address: 2798 FULFORD RD
City-St-Zip: MONTICELLO, FL 32344

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: STEPHEN G. FULFORD

SD

01/14/2009

Electronic Signature of Signing Officer or Director

Date