2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# H78050

Entity Name: DOT WALDEN FARMS, INC.

Current Principal Place of Business:

2901 SYDNEY-DOVER RD
2901 SYDNEY-DOVER RD
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

2901 SYDNEY-DOVER RD
2901 SYDNEY-DOVER RD
DOVER, FL 33527

New Mailing Address:

FEI Number: 59-2609232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTER,DELVA W.
2805 S. FORBES RD.
PLANT CITY, FL 33567 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: P ( ) Delete
Name: REGISTER, BRUCE
Address: 19244 BLOUNT RD
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete
Name: REGISTER, DELVA W.
Address: 2805 S FORBES RD
City-St-Zip: PLANT CITY, FL

Title: D ( ) Delete
Name: REGISTER, R. W.
Address: 2805 S FORBES RD
City-St-Zip: PLANT CITY, FL

Title: V ( ) Delete
Name: EL SINGER, DEBORAH
Address: 29 WHEATON RD
City-St-Zip: AKRON, OH

Title: T ( ) Delete
Name: REGISTER, BRENT
Address: 2901 SYDNEY-DOVER RD
City-St-Zip: DOVER, FL

Title: S ( ) Delete
Name: RHODES, BECKY
Address: P. O. BOX 1311
City-St-Zip: AUBURNDALE, FL

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:

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: BRENT REGISTER TRES 04/22/2009

Electronic Signature of Signing Officer or Director — Date