

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J06996

FILED
Jan 06, 2009
Secretary of State

Entity Name: COLLINS ORCHARDS, INC.

Current Principal Place of Business:

1901 GOLDEN LEAF WAY
LOUISVILLE, KY 40245 US

New Principal Place of Business:

3708 SOUTHWOOD DRIVE
GASTONIA, NC 28056 US

Current Mailing Address:

1901 GOLDEN LEAF WAY
LOUISVILLE, KY 40245 US

New Mailing Address:

3708 SOUTHWOOD DRIVE
GASTONIA, NC 28056 US

FEI Number: 59-2676103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, TOUSEY, LEAS & BALL, P.A.
818 N. A1A
SUITE 104
PONTE VEDRA BEACH, FL 32082 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: CEO () Delete
Name: MARINO, JAN C
Address: 8547 OLD DOMINION DRIVE
City-St-Zip: MC LEAN, VA 22102

Title: P () Delete
Name: COLLINS, CHARLES F
Address: PO BOX 524
City-St-Zip: AMORY, MS 38821

Title: ST () Delete
Name: WELCH, ANNETTE
Address: 1901 GOLDEN LEAF WAY
City-St-Zip: LOUISVILLE, KY 40245

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: COLLINS, ANNETTE
Address: 3708 SOUTHWOOD DRIVE
City-St-Zip: GASTONIA, NC 28056

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: ANNETTE COLLINS

ST

01/06/2009

Electronic Signature of Signing Officer or Director

Date