

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36597

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: INTERCHANGE FARMS, INC.

## Current Principal Place of Business:

POST OFFICE BOX 1246  
RUSKIN, FL 33575

## New Principal Place of Business:

2910 GULF CITY ROAD  
RUSKIN, FL 33570 US

## Current Mailing Address:

POST OFFICE BOX 1246  
RUSKIN, FL 33575

## New Mailing Address:

POST OFFICE BOX 1246  
RUSKIN, FL 33575 US

FEI Number: 59-2740281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

COUNCIL, MICHAEL D P  
5715 BRIGMAN AVENUE  
WIMAUMA, FL 33598 US

## Name and Address of New Registered Agent:

COUNCIL, MICHAEL D P, D  
5715 BRIGMAN AVENUE  
WIMAUMA, FL 33598 US

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: MICHAEL D. COUNCIL, P,D

04/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SPENCER, WILLIAM H.,  
Address: 1910 14TH AVE. SE  
City-St-Zip: RUSKIN, FL 33570

Title: P ( ) Delete  
Name: COUNCIL, MICHAEL D.,  
Address: POST OFFICE BOX 1246  
City-St-Zip: RUSKIN, FL 33575

Title: D ( ) Delete  
Name: CURRIE, W.E., III,  
Address: 5815 N. DALE MABRY HWY  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SPENCER, WILLIAM H D  
Address: 2926 W. HAWTHORNE ROAD  
City-St-Zip: TAMPA, FL 33611 US

Title: P,D (X) Change ( ) Addition  
Name: COUNCIL, MICHAEL D P,D  
Address: POST OFFICE BOX 1246  
City-St-Zip: RUSKIN, FL 33575 US

Title: D (X) Change ( ) Addition  
Name: CURRIE, W. E D  
Address: 5815 N. DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33614 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL D. COUNCIL

P, D

04/16/2007

Electronic Signature of Signing Officer or Director

Date