

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J85115

FILED
Jan 28, 2009
Secretary of State

Entity Name: RIVERDALE POTATO FARM, INC.

Current Principal Place of Business:

PO BOX 170
ELKTON, FL 32033

New Principal Place of Business:

7399 ATLANTIC ROAD
ST AUGUSTINE, FL 32092

Current Mailing Address:

PO BOX 170
ELKTON, FL 32033

New Mailing Address:

FEI Number: 59-2834388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DAVID E.
71 GENE JOHNSON ROAD
SAINT AUGUSTINE, FL 32080 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: DV () Delete
Name: JONES, DAVID E.,
Address: 71 GENE JOHNSON ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VTS () Delete
Name: JONES, JEAN B.,
Address: 71 GENE JOHNSON RD.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P () Delete
Name: JONES, RICHARD H.,
Address: 3061 MAC ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: V () Delete
Name: JONES, ALAN E.
Address: 7623 ALISTER MACKENZIE DRIVE
City-St-Zip: SARASOTA, FL 34240

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: RICHARD H JONES

P

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date