

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J85290

Entity Name: MCGRIFF FARM, INC.

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6702 LINFORD LANE  
JACKSONVILLE, FL 32217 US

**New Principal Place of Business:**

**Current Mailing Address:**

2573 EMPRESS ROAD  
QUITMAN, GA 31643 US

**New Mailing Address:**

FEI Number: 59-2850556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGRIFF, W. A., III  
6702 LINFORD LANE  
JACKSONVILLE, FL 32217 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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: MCGRIFF, W.A.. III  
Address: 6702 LINFORD LANE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VPAS  
Name: MCGRIFF, ELIZABETH E.  
Address: 6702 LINFORD LANE  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

SIGNATURE: WAMACGRIFF

PRES

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date