

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K73929

FILED
Mar 26, 2009
Secretary of State

Entity Name: BARKSDALE'S HAMMOCK, INC.

Current Principal Place of Business:

11812 ILLINOIS ST
DUNNELLON, FL 34431

New Principal Place of Business:

Current Mailing Address:

PO BOX 1500
DUNNELLON, FL 34430

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, JOHN
11812 ILLINOIS ST
DUNNELLON, FL 34431 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: D () Delete
Name: SCROGGIN, JAMES A.,
Address: 1017 S.W. 93RD STREET
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: RILEY, DONA L
Address: 12215 N. OAKLEAF TERRACE
City-St-Zip: DUNNELLON, FL

Title: DT () Delete
Name: RILEY, JOHN A
Address: 11812 ILLINOIS STREET
City-St-Zip: DUNNELLON, FL 34431

Title: S () Delete
Name: TOWNS, DEBORA
Address: 20575 PARK AVE
City-St-Zip: DUNNELLON, FL 34431

Title: P () Delete
Name: CHESSER, ROBERT
Address: 632 RANDOLPH CT
City-St-Zip: BAINBRIDGE, GA 39819

Title: VP () Delete
Name: EVERS, LELA
Address: 20327 THE GRANADA
City-St-Zip: DUNNELLON, FL 34432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCROGGIN, GENOLA,
Address: 1017 S.W. 93RD STREET
City-St-Zip: GAINESVILLE, FL

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: JOHN A. RILEY

Electronic Signature of Signing Officer or Director

DT

03/26/2009

Date