

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36634

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: WILLIAMS FARMS OF IMMOKALEE, INC.

## Current Principal Place of Business:

CARRIE WILLIAMS  
1300 NORTH 15TH STREET  
IMMOKALEE, FL 34142

## New Principal Place of Business:

CARRIE WILLIAMS  
1300 NORTH 15TH STREET SUITE#1  
IMMOKALEE, FL 34142

## Current Mailing Address:

CARRIE WILLIAMS  
1300 NORTH 15TH STREET  
IMMOKALEE, FL 34142

## New Mailing Address:

CARRIE WILLIAMS  
1300 NORTH 15TH STREET SUITE#1  
IMMOKALEE, FL 34142

FEI Number: 65-0159189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARRIE WILLIAMS  
1300 NORTH 15TH STREET  
IMMOKALEE, FL 34142 US

## Name and Address of New Registered Agent:

CARRIE WILLIAMS  
1300 NORTH 15TH STREET SUITE#1  
IMMOKALEE, FL 34142 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:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D (X) Delete  
Name: WILLIAMS, JAMES E., JR.  
Address: 1300 NORTH 15TH STREET  
City-St-Zip: IMMOKALEE, FL

Title: DP ( ) Delete  
Name: WILLIAMS, DIANE R.  
Address: 1300 NORTH 15TH STREET  
City-St-Zip: IMMOKALEE, FL

Title: STD ( ) Delete  
Name: WILLIAMS, CARRIE  
Address: 1300 NORTH 15TH STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: D ( ) Delete  
Name: BLUST, SUSAN  
Address: 1300 NORTH 15TH STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: D ( ) Delete  
Name: WILLIAMS, JOHN  
Address: 1300 NORTH 15TH STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: D (X) Delete  
Name: WILLIAMS III, JAMES E  
Address: 1300 NORTH 15TH STREET  
City-St-Zip: IMMOKALEE, FL 34142

## 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: D (X) Change ( ) Addition  
Name: BLUST, SUSAN  
Address: 1300 NORTH 15TH STREET SUITE#1  
City-St-Zip: IMMOKALEE, FL 34142

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, JOHN  
Address: 1300 NORTH 15TH STREET SUITE#1  
City-St-Zip: IMMOKALEE, FL 34142

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: CARRIE WILLIAMS

S

04/15/2009

Electronic Signature of Signing Officer or Director

Date