

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L56108

Entity Name: REBEL RIDGE FARM, INC.

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

% JOHN C. TRENTelman
P. O. BOX 381
ANTHONY, FL 32617

New Principal Place of Business:

% JOHN C. TRENTelman
1001 NE 105TH LANE
ANTHONY, FL 32617

Current Mailing Address:

% JOHN C. TRENTelman
P. O. BOX 381
ANTHONY, FL 32617

New Mailing Address:

FEI Number: 59-2995710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRENTelman, JOHN C.
1001 NE 105TH LANE
ANTHONY, FL 32617 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: P () Delete
Name: TRENTelman, CHARLOTT, E L.
Address: 1001 N.E. 105TH LN.
City-St-Zip: ANTHONY, FL 32617

Title: ST () Delete
Name: TRENTelman, JOHN C.,
Address: 1001 N.E. 105TH LN.
City-St-Zip: ANTHONY, FL 32617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 C. TRENTelman

ST

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date