

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L79664

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** HIGHLAND FARMS OF POLK COUNTY, INC.

**Current Principal Place of Business:**

4848 LK HANCOCK RD  
HIGHLAND CITY, FL 33846 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 607  
HIGHLAND CITY, FL 33846 US

**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:**

ROGERS, TOM  
4740 LK HANCOCK ROAD  
HIGHLAND CITY, FL 33846 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: ROGERS, TOM,  
Address: 4740 LK HANCOCK RD  
City-St-Zip: HIGHLANDS CITY, FL

Title: D ( ) Delete  
Name: ROGERS, HOLLY  
Address: 4740 LK HANCOCK RD.  
City-St-Zip: HIGHLAND CITY, FL

**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: HOLLY ROGERS

D

03/24/2009

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

\_\_\_\_\_  
Date