

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L87940

Entity Name: F & F FARMS, INC.

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

PO BOX 5070
902 N. 15TH ST.
IMMOKALEE, FL 34143 US

New Principal Place of Business:

902 N 15TH ST.
IMMOKALEE, FL 34142 US

Current Mailing Address:

PO BOX 5070
IMMOKALEE, FL 341435070 US

New Mailing Address:

FEI Number: 65-0203460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUTCH, BILL D.
902 N. 15TH ST.
IMMOKALEE, FL 34142 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: PD () Delete
Name: FUTCH, BILL D.,
Address: 902 N. 15TH ST.
City-St-Zip: IMMOKALEE, FL 34142

Title: STD () Delete
Name: FUTCH, LAURA,
Address: 902 N. 15TH ST.
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:

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: LAURA FUTCH

STD

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date