

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000108

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: KNOTTSVILLE FARM, INC.

## Current Principal Place of Business:

64 KIRBY THOMPSON ROAD  
LABELLE, FL 33935

## New Principal Place of Business:

64 KIRBY THOMPSON ROAD  
FT DENAUD, FL 33935

## Current Mailing Address:

64 KIRBY THOMPSON ROAD  
LABELLE, FL 33935

## New Mailing Address:

64 KIRBY THOMPSON ROAD  
FT DENAUD, FL 33935

FEI Number: 65-1166691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KNOTT, NELL  
64 KIRBY THOMPSON ROAD  
LABELLE, FL 33935 US

## Name and Address of New Registered Agent:

KNOTT, NELL  
64 KIRBY THOMPSON ROAD  
FT DENAUD, FL 33935 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:

04/02/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KNOTT, NELL  
Address: 64 KIRBY THOMPSON RD  
City-St-Zip: LABELLE, FL 32935

Title: D ( ) Delete  
Name: PROVENCHER, MARY  
Address: 613 CAROLINA AVE  
City-St-Zip: FT MYERS, FL 33905

Title: D ( ) Delete  
Name: STEVENS, MARTHA  
Address: P.O. BOX 998  
City-St-Zip: LABELLE, FL 33975

## 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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELL KNOTT

DIRE

04/02/2009

Electronic Signature of Signing Officer or Director

Date