

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005851

FILED
May 11, 2009
Secretary of State

Entity Name: IDLE HOUR FARM, INC.

Current Principal Place of Business:

15835 IMPERIAL POINT LANE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

15835 IMPERIAL POINT LANE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 01-0791177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PATTERSON, DON
15835 IMPERIAL POINT LANE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

SIMMONS, ALLENE
15835 IMPERIAL POINT LANE
WELLINGTON, FL 33414 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: ALLENE SIMMONS

05/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: SIMMONS, ALLENE
Address: 15835 IMPERIAL POINT LANE
City-St-Zip: WELLINGTON, FL 33414

Title: DVT () Delete
Name: PATTERSON, DON
Address: 15835 IMPERIAL POINT LANE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: SEELY, TAMARA
Address: 4554 PALM BREEZE TRAIL
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: VALENTINE, NORMA
Address: 11730 ST. ANDREWS PLACE, #203
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: COLEMAN, CAROL
Address: 14224 STROLLER WAY
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: VALLIERE, PAUL
Address: 13833 WELLINGTON TRACE, #E4
City-St-Zip: WELLINGTON, FL 33414

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: () 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: ALLENE SIMMONS

DPS

05/11/2009

Electronic Signature of Signing Officer or Director

Date