

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002255

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: THE OLDE FARM, INC.

## Current Principal Place of Business:

35 ZEBRA ST  
MIDDLEBURG, FL 32068

## New Principal Place of Business:

## Current Mailing Address:

35 ZEBRA ST  
MIDDLEBURG, FL 32068

## New Mailing Address:

FEI Number: 32-0144120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CURTIS, GAIL  
35 ZEBRA ST  
MIDDLEBURG, FL 32068 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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CURTIS, GAIL  
Address: 35 ZEBRA ST  
City-St-Zip: MIDDLEBURG, FL 32068

Title: VTD ( ) Delete  
Name: CURTIS, MICHAEL  
Address: 35 ZEBRA ST  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D (X) Delete  
Name: SCHNEIDER, DEITER  
Address: 5086 GRANNY PLACE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D ( ) Delete  
Name: SPENCER, PHILLIP  
Address: 5543 CARTER SPENCER RD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: DS ( ) Delete  
Name: MARANVILLE, SHAWNNA  
Address: 35 ZEBRA ST  
City-St-Zip: MIDDLEBURG, FL 32068

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: SEC ( ) Change (X) Addition  
Name: PADGETT, SHIRLEY  
Address: 1520 HARDY PADGETT RD  
City-St-Zip: CLAY HILL, FL 32234

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: MICHAEL CURTIS

VTD

04/27/2009

Electronic Signature of Signing Officer or Director

Date