

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N05000003401

Entity Name: FULLY INVOLVED FARMS INC.

Current Principal Place of Business:

2780 BROCKSMITH RD
FT. PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

572 SW ASTER RD.
PORT ST LUCIE, FL 34953

New Mailing Address:

PO BOX 13314
FORT PIERCE, FL 34979 US

FEI Number: 20-2634482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: D () Delete
Name: ECONOMOU, CYNTHIA ANN
Address: 572 SW ASTER RD.
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D () Delete
Name: KIMMELMAN, SCOTT
Address: 10619 PINE NEEDLE COVE
City-St-Zip: FT. PIERCE, FL 34945

Title: D () Delete
Name: ZARAKAS, KAREN
Address: 3101 ASTER LN #1902
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: REYNOLDS, PATRISHA
Address: 2780 S BROCKSMITH RD
City-St-Zip: FT. PIERCE, FL 34945

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KIMMELMAN, SCOTT
Address: 10619 PINE NEEDLE COVE
City-St-Zip: FT. PIERCE, FL 34945

Title: SEC (X) Change () Addition
Name: COZINE, WENDY
Address: POB 13314
City-St-Zip: FT. PIERCE, FL 34979

Title: TR (X) Change () Addition
Name: DORAN, CHARLOTTE
Address: 703 RAMIE CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: PRE () Change (X) Addition
Name: REYNOLDS, BRITT D
Address: 2780 S BROCKSMITH RD
City-St-Zip: FT. PIERCE, FL 34949

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: CYNTHIA ECONOMOU

EX D

03/20/2009

Electronic Signature of Signing Officer or Director

Date