

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002372

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: LADDER H FARM.COM INC

## Current Principal Place of Business:

151 SE 142ND TERRACE  
WILLISTON, FL 32696

## New Principal Place of Business:

## Current Mailing Address:

151 SE 142ND TERRACE  
WILLISTON, FL 32696

## New Mailing Address:

FEI Number: 42-1722722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TRACIE P MAUNDER EA CB INC  
20 NE 3RD ST  
SUITE B  
WILLISTON, FL 32696 US

## Name and Address of New Registered Agent:

TRACIE L PAYNE EA INC  
234 SE 1ST ST  
WILLISTON, FL 32696 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: TRACIE L PAYNE

04/18/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BURNETT, RODNEY B  
Address: 151 SE 142ND TERRACE  
City-St-Zip: WILLISTON, FL 32696

Title: VP ( ) Delete  
Name: MOORE, FRANK  
Address: 14351 SE 5TH PLACE  
City-St-Zip: WILLISTON, FL 32696

Title: T ( ) Delete  
Name: MAUNDER, TRACIE P  
Address: 234 SE 1ST STREET  
City-St-Zip: WILLISTON, FL 32696

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition  
Name: PAYNE, TRACIE L  
Address: 234 SE 1ST STREET  
City-St-Zip: WILLISTON, FL 32696

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: TRACIE L PAYNE

T

04/18/2008

Electronic Signature of Signing Officer or Director

Date