

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009090

FILED
Apr 30, 2009
Secretary of State

Entity Name: FEED OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1426 GRANDVIEW STREET
MOUNT DORA, FL 32857

New Principal Place of Business:

Current Mailing Address:

1426 GRANDVIEW STREET
MOUNT DORA, FL 32857

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RALPH ARMSTEAD, LLC
511 W. SOUTH STREET, SUITE 210
ORLANDO, FL 32805 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: WILLIAMS, MICHAEL
Address: 1110 JACKSON AVENUE
City-St-Zip: MT. DORA, FL 32757

Title: D () Delete
Name: ARMSTEAD, RALPH
Address: 1765 PAM CIRCLE
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: GREEN, LAWANDA
Address: 1909 WIREGRASS COURT
City-St-Zip: ORLANDO, FL 32826

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: RALPH ARMSTEAD

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date