2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004562

Entity Name: FEISTY ACRES INC.

FILED Apr 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13191 N E 77TH PLACE BRONSON, FL 32621 **Current Mailing Address: New Mailing Address:** P.O. BOX 693 WILLISTON, FL 32696 US FEI Number: 59-3355961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MITCHELL, DEAN A ESQ 4939 N.W. 115TH AVE OCALA, FL 34482 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NUTE, EDNA M Name: Name: 4493 N.E. 147TH COURT Address: Address: City-St-Zip: WILLISTON, FL 32696 City-St-Zip: Title: PD Title: (X) Change () Addition () Delete Name: FLECK, KATHLEEN Name: MICHAEL, SCHENK G Address: 853 NW 2ND AVE Address: 7051 NE 110TH AVE City-St-Zip: WILLISTON, FL 32696 City-St-Zip: BRONSON, FL 32621 Title: () Delete Title: (X) Change () Addition KERIS, CAROLYN ALBANO, LYDIA Name: Name: 810 SE 44TH AVE Address: Address: 13545 NE 38TH AVE. City-St-Zip: OCALA, FL 34471 City-St-Zip: ANTHONY, FL 32617 Title: (X) Delete Title: () Change () Addition Name: FLICKINGER, MARY Name: Address: 11403 274TH ST Address: City-St-Zip: NEWBERRY, FL 32669 City-St-Zip: Title: VD () Delete Title: () Change () Addition PAIGE, DEBBIE Name: Name: 2396 NE 54TH PLACE Address: Address: City-St-Zip: OCALA, FL 34479 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EDNA NUTE VD 04/08/2007