

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 12, 2007**  
**Secretary of State**

DOCUMENT# N95000004562

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

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: KATHLEEN A. FLECK

P

04/12/2007

Electronic Signature of Signing Officer or Director

Date