## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000019051

Entity Name: BOW-TIE FARMS, INC.

FILED Mar 11, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 477 309 FISH BRANCH ROAD OCALA, FL 344780477 ZOLFO SPRINGS, FL 33890 **Current Mailing Address: New Mailing Address:** P.O. BOX 477 PO BOX 477 OCALA, FL 344780477 OCALA, FL 34478 US FEI Number: 59-3640494 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOWEN, GLEN R BOWEN, GLEN R 7999 N.W. HWY. 318 7999 N.W. HWY. 318 REDDICK, FL 32686 US REDDICK, FL 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: 03/11/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BOWEN, GLEN R Name: Name: P.O. BOX 477 Address: Address: City-St-Zip: OCALA, FL 344780477 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete BOWEN, FREIDA M Name: Name: P.O. BOX 477 Address: Address: OCALA, FL 344780477 City-St-Zip: 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREIDA M. BOWEN VP 03/11/2009