

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000001711

FILED
Jan 20, 2009
Secretary of State

Entity Name: FARMER MIKE'S TRANSPORT, INC.

Current Principal Place of Business:

12685 TOWER RD
BONITA SPRINGS, FL 341356357

New Principal Place of Business:

15960 COUNTY RD 858
IMMOKALEE, FL 34142

Current Mailing Address:

12685 TOWER RD
BONITA SPRINGS, FL 341356357

New Mailing Address:

FEI Number: 65-1097953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEVENGER, MICHAEL J
12685 TOWER RD
BONITA SPRINGS, FL 341356357 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLEVENGER, MICHAEL J
Address: 12685 TOWER RD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: BLACK, JOHN J
Address: 15960 CTY RD 858
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BLACK, JOHN J
Address: 15960 COUNTY RD 858
City-St-Zip: IMMOKALEE, FL 34142

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: MICHAEL CLEVENGER

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date