## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000055191

Entity Name: AMERICAN FARM FINANCIAL, INC.

FILED Feb 25, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Business.	New Fillicipal Flace of Busiliess.

1327 HAVEN ROAD 200 CR 207A

TAMPA, FL 33613 EAST PALATKA, FL 32131

**Current Mailing Address: New Mailing Address:** 

1327 HAVEN ROAD 200 CR 207A

EAST PALATKA, FL 32131 TAMPA, FL 33613

FEI Number: 59-3731737 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:

WOLDING, CARLYLE M WOLDING, CARLYLE M 1327 HAVEN BEND 200 CR 207A

TAMPA, FL 33613 EAST PALATKA, FL 32131 US

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: 02/25/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

WOLDING, CARLYLE M WOLDING, CARLYLE M Name: Name:

1327 HAVEN BEND 200 CR 207A Address: Address:

City-St-Zip: TAMPA, FL 33613 City-St-Zip: EAST PALATKA, FL 32131

Title: VΡ Title: VΡ () Delete (X) Change ( ) Addition CATON, RONALD L Name: Name:

WOLDING, CARLYLE M 1327 HAVEN BEND 200 CR 207A Address: Address:

TAMPA, FL 33613 EAST PALATKA, FL 32131 City-St-Zip: City-St-Zip:

Title: Title: TRFA

( ) Delete ( ) Change (X) Addition Name: WOLDING, CARLYLE M Name:

200 CR 207A Address: Address:

City-St-Zip: City-St-Zip: EAST PALATKA, FL 32131

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: CARLYLE M. WOLDING **PRES** 02/25/2008