


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P01000114860	
1. Entity Name THE FEED STORE, INC.	

Principal Place of Business 10206 FL GA HWY HAVANA FL 32333	Mailing Address 10382 FLORIDA-GEORGIA HIGHWAY HAVANA FL 32333
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3759505		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHIDDON, WAYNE 10206 FL-GA HWY HAVANA FL 32333	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)) **DATE** _____

FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PV <input type="checkbox"/> Delete	NAME WHIDDON, WAYNE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10382 FLORIDA-GEORGIA HIGHWAY		STREET ADDRESS	
CITY-ST-ZIP HAVANA FL 32333		CITY-ST-ZIP	
TITLE TS <input type="checkbox"/> Delete	NAME WHIDDON, CELESE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10382 FLORIDA-GEORGIA HIGHWAY		STREET ADDRESS	
CITY-ST-ZIP HAVANA FL 32333		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Wayne Whiddon **WAYNE WHIDDON** 4/8/09 850 539 3337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #