

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000002202

**FILED
Feb 10, 2009
Secretary of State**

Entity Name: H & D AGRICULTURE OF BREVARD, INC.

Current Principal Place of Business:

9695 MOCKINGBIRD LANE
SEBASTIAN, FL 32976

New Principal Place of Business:

Current Mailing Address:

9695 MOCKINGBIRD LANE
SEBASTIAN, FL 32976

New Mailing Address:

FEI Number: 20-2294121 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GONZALEZ, TINO
3420 NORTH HARBOR CITY BLVD.
MELBOURNE, FL 32934 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: DPS () Delete
Name: BELADI, DONNA L
Address: 9695 MOCKINGBIRD LANE
City-St-Zip: SEBASTIAN, FL 32976

Title: VPT () Delete
Name: BELADI, HAMID
Address: 9695 MOCKINGBIRD LANE
City-St-Zip: SEBASTIAN, FL 32976

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
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: DONNA L. BELADI

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date