

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000019499

Entity Name: JORDAN FARMS INC

FILED  
Jan 17, 2009  
Secretary of State

## Current Principal Place of Business:

3229 MOORES LAKE RD  
DOVER, FL 33527 US

## New Principal Place of Business:

3243 MOTT RD  
DOVER, FL 33527 US

## Current Mailing Address:

PO BOX 953  
DOVER, FL 33527 US

## New Mailing Address:

FEI Number: 20-2299810      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARK, CHERRI  
3229 MOORES LAKE RD  
DOVER, FL 33527 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: PD ( ) Delete  
Name: CLARK, CHERRI  
Address: 3229 MOORES LAKE RD  
City-St-Zip: DOVER, FL 33527 US

Title: VD ( ) Delete  
Name: CLARK, RONALD L  
Address: 3229 MOORES LAKE RD  
City-St-Zip: DOVER, FL 33527 US

## 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: RONALD L CLARK

VD

01/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date