

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163588

FILED
Apr 14, 2008
Secretary of State

Entity Name: OBF HATCHERY, INC.

Current Principal Place of Business:

2954 AIRGLADES BLVD.
CLEWISTON, FL 33440

New Principal Place of Business:

26600 CR 835
CLEWISTON, FL 33440

Current Mailing Address:

2954 AIRGLADES BLVD.
CLEWISTON, FL 33440

New Mailing Address:

26600 CR 835
CLEWISTON, FL 33440

FEI Number: 20-4500131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAX CO.
50 NORTH LAURA STREET
SUITE 3300
JACKSONVILLE, FL 32202 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: CEO () Delete
Name: BOND, PETER D DIR.
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440

Title: PRES () Delete
Name: BOND, PETER D
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440

Title: TREA () Delete
Name: BOND, PETER D
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440

Title: SEC (X) Delete
Name: BOND, PETER D
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: WARNER, DAVID M CHMDIR
Address: 26600 CR 835
City-St-Zip: CLEWISTON, FL 33440

Title: PRES (X) Change () Addition
Name: BOND, PETER D
Address: 26600 CR 835
City-St-Zip: CLEWISTON, FL 33440

Title: TREA (X) Change () Addition
Name: WARNER, DAVID M SEC
Address: 26600 CR 835
City-St-Zip: CLEWISTON, FL 33440

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: PETER D. BOND

PRES

04/14/2008

Electronic Signature of Signing Officer or Director

_____ Date