

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000012297

FILED
Jan 18, 2009
Secretary of State

Entity Name: LANGFORD BLUE GOLD FARM INC.

Current Principal Place of Business:

4808 SYDNEY RD
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

4808 SYDNEY RD
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 33-1130087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGFORD, GARY L
4808 SYDNEY RD
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

LANGFORD, MARIANNE B
4808 SYDNEY RD
PLANT CITY, FL 33566 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: MARIANNE B. LANGFORD

01/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANGFORD, GARY L
Address: 4808 SYDNEY RD
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: LANGFORD, MARIANNE
Address: 4808 SYDNEY RD
City-St-Zip: PLANT CITY, FL 33566

Title: D (X) Delete
Name: LANGFORD, NATALIE N
Address: 5370 REPECHO DR
City-St-Zip: SAN DIEGO, CA 92124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LANGFORD, MARIANNE B
Address: 4808 SYDNEY RD
City-St-Zip: PLANT CITY, FL 33566

Title: D (X) Change () Addition
Name: LANGFORD, NATALIE N
Address: 5370 REPECHO DR.
City-St-Zip: SAN DIAGO, CA 92124

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: MARIANNE B. LANGFORD

D

01/18/2009

Electronic Signature of Signing Officer or Director

Date