

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000079511

FILED
Apr 17, 2009
Secretary of State

Entity Name: THE PEACOCK FARM GROUP, INC.

Current Principal Place of Business:

25048 NW 182ND AVENUE
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

25048 NW 182ND AVENUE
HIGH SPRINGS, FL 32643

New Mailing Address:

FEI Number: 26-0593081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLTON, NANETTE E
25386 NW 182ND AVENUE
HIGH SPRINGS, FL 32643 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: DIR () Delete
Name: PEACOCK, ROY N
Address: 25048 NW 182ND AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: DIR () Delete
Name: HOLTON, NANETTE E
Address: 25386 NW 182ND AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: DIR () Delete
Name: LANG, NANCY
Address: 3724 LIGHTHOUSE WAY
City-St-Zip: SEVIERVILLE, TN 37876

Title: DIR (X) Delete
Name: LINDSEY, WILLARD
Address: 25048 NW 182ND AVENUE
City-St-Zip: HIGH SPRINGS, FL 32655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: NANETTE E HOLTON

DIR

04/17/2009

Electronic Signature of Signing Officer or Director

Date