

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000081271

Entity Name: GOLD LEAF FARM, INC

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

6601 LOOKOUT ROAD  
OCALA, FL 34482

## New Principal Place of Business:

12662 SW 107TH STREET RD  
DUNNELLON, FL 34432

## Current Mailing Address:

P O BOX 772321  
OCALA, FL 34477

## New Mailing Address:

FEI Number: 75-3167896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAMBERLAIN, MICHAEL B  
6601 LOOKOUT ROAD  
OCALA, FL 34482 US

## Name and Address of New Registered Agent:

CHAMBERLAIN, MICHAEL B  
12662 SW 107TH STREET RD  
DUNNELLON, FL 34432 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: MICHAEL B. CHAMBERLAIN

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHAMBERLAIN, MICHAEL B  
Address: 6601 LOOKOUT ROAD  
City-St-Zip: OCALA, FL 34482

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CHAMBERLAIN, MICHAEL B  
Address: 12662 SW 107TH STREET RD  
City-St-Zip: DUNNELLON, FL 34432

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: MICHAEL B. CHAMBERLAIN

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date