

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000115

FILED  
Sep 19, 2009  
Secretary of State

Entity Name: ATLANTIC HYDROPONICS HOLDING COMPANY, INCORPORATED

## Current Principal Place of Business:

2 SYLVAN DRIVE  
ST. AUGUSTINE, FL 32084

## New Principal Place of Business:

1535 CR 13A S  
ELKTON, FL 32033

## Current Mailing Address:

2 SYLVAN DRIVE  
ST. AUGUSTINE, FL 32084

## New Mailing Address:

1535 CR 13A S  
ELKTON, FL 32033

FEI Number: 26-4596554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARVALHO, SHELBY  
2 SYLVAN DRIVE  
ST. AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

CARVALHO, SHELBY  
1535 CR 13A S  
ELKTON, FL 32033 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: \_\_\_\_\_

09/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR. ( ) Delete  
Name: CARVALHO, SHELBY C  
Address: 2 SYLVAN DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: DIR. ( ) Delete  
Name: CARVALHO, CHRISTOPHER P  
Address: 166 2ND AVENUE, #7D  
City-St-Zip: NEW YORK, NY 10003 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR. (X) Change ( ) Addition  
Name: CARVALHO, SHELBY C  
Address: 1535 CR 13A S  
City-St-Zip: ELKTON, FL 32033 US

Title: DIR. (X) Change ( ) Addition  
Name: CARVALHO, CHRISTOPHER P  
Address: 1535 CR 13A S  
City-St-Zip: ELKTON, FL 32033 US

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: SHELBY CARVALHO

DIR

09/19/2009

Electronic Signature of Signing Officer or Director

Date