2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36246

Entity Name: FARMLAND HYDRO, INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
100 N TAMI STE 3200 TAMPA, FL								
Current Mailing Address:				New Mailing Address:				
SUITE 3200	0 NORTH TAMPA STREET JITE 3200 MPA, FL 33602 US			100 N TAMPA ST STE 3200 TAMPA, FL 33602 US				
FEI Number:	13-1589264	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certific	ate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address o	f New Reg	jistered Agent:		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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:								
Electronic Signature of Registered Agent					Date			
Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () E HONSE, ROBER 12200 N AMBASS KANSAS CITY, M	SADOR DR		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	DST () ETERRY, ROBERT 12200 N AMBASS KANSAS CITY, M	SADOR DR		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	D () E WALLACE, KEN 100 N TAMPA ST TAMPA, FL 3360			Title: Name: Address: City-St-Zip:	D FAKSVAAG 100 N TAMF TAMPA, FL	PA ST #3200	() Addition	
Title: Name: Address: City-St-Zip:	D () E RIEMANN, STANI 12200 N AMBASS KANSAS CITY, M	LEY A SADOR DR		Title: Name: Address: City-St-Zip:	RODGERS,	PA ST #3200	() Addition	
Title: Name: Address: City-St-Zip:	ATAS () E BURNS, LEESA M 100 N TAMPA ST TAMPA, FL 3360	#3200		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	PD VALESARE: 100 N TAMF TAMPA, FL	PA ST #3200	(X) Addition	

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: LEESA M BURNS ATAS 04/23/2009