

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000015371

Entity Name: BACKWOODS FARM INC.

FILED
Mar 22, 2009
Secretary of State

Current Principal Place of Business:

14225 85TH ST.
P.O. BOX 1402
FELLSMERE, FL 32948

New Principal Place of Business:

14225 85TH ST.
FELLSMERE, FL 32948

Current Mailing Address:

14225 85TH ST.
187 S. MAPLE ST.
FELLSMERE, FL 32948

New Mailing Address:

187 SOUTH MAPLE ST.
FELLSMERE, FL 32948

FEI Number: 59-3168218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, GEORGE E JR
187 S MAPLE ST
FELLSMERE, FL 32948 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: P () Delete
Name: POWERS, GEORGE E
Address: 187 S MAPLE ST
City-St-Zip: FELLSMERE, FL

Title: S () Delete
Name: KING, KIM
Address: 187 SOUTH MAPLE STREET
City-St-Zip: FELLSMERE, FL 32948

Title: T () Delete
Name: KING, KIM
Address: 187 S MAPLE ST
City-St-Zip: FELLSMERE, FL 32948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POWERS, GEORGE E JR
Address: 187 S MAPLE ST
City-St-Zip: FELLSMERE, FL 32948

Title: S (X) Change () Addition
Name: KING, KIMBERLY L
Address: 187 S MAPLE STREET
City-St-Zip: FELLSMERE, FL 32948

Title: T (X) Change () Addition
Name: KING, KIMBERLY L
Address: 187 S MAPLE ST
City-St-Zip: FELLSMERE, FL 32948

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: KIMBERLY L. KING

S

03/22/2009

Electronic Signature of Signing Officer or Director

Date