

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000018449

Entity Name: O C FARMS, INC.

FILED
Jan 25, 2009
Secretary of State

Current Principal Place of Business:

12773 W FOREST HILL BLVD
WELLINGTON, FL 33414

New Principal Place of Business:

12773 W FOREST HILL BLVD
1211
WELLINGTON, FL 33414

Current Mailing Address:

12773 W FOREST HILL BLVD
WELLINGTON, FL 33414

New Mailing Address:

12773 W FOREST HILL BLVD
1211
WELLINGTON, FL 33414

FEI Number: 65-0477054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRESCOTT, WARREN L
51 RIVER DRIVE
LOXAHATCHEE, FL 33470 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: DP () Delete
Name: PRESCOTT, WARREN
Address: 51 RIVER DRIVE
City-St-Zip: TEQUESTA, FL 33469

Title: DST () Delete
Name: LOURDES M PRESCOTT,
Address: 51 RIVER DRIVE
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WARREN L PRESCOTT

PRES

01/25/2009

Electronic Signature of Signing Officer or Director

Date