

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000025298

Entity Name: HATCH BROTHERS FARMS, INC.

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

HIGHWAY 27
SOUTH BRANFORD, FL 32008

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 314
BRANFORD, FL 32008 US

New Mailing Address:

FEI Number: 59-3235103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, LEON D JR.
HIGHWAY 27
SOUTH BRANFORD, FL 32008 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: STD () Delete
Name: HATCH, LEON D. JR.
Address: 6519 HWY 27 S
City-St-Zip: BRANFORD, FL

Title: PD () Delete
Name: HATCH, CHARLES E. SR.
Address: 26667 HWY 247 E.
City-St-Zip: BRANFORD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: HATCH, LEON D. JR.
Address: 6519 HWY 27 S
City-St-Zip: BRANFORD, FL 32008

Title: PD (X) Change () Addition
Name: HATCH, CHARLES E. SR.
Address: 26667 HWY 247 E.
City-St-Zip: BRANFORD, FL 32008

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: LEON D. HATCH JR.

STD

03/10/2009

Electronic Signature of Signing Officer or Director

Date