2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# P94000028312

Entity Name: NOB FARMS, INC.

Current Principal Place of Business:

8624 LITHIA PINECREST
LITHIA, FL 33547 US

New Principal Place of Business:

Current Mailing Address:

8624 LITHIA PINECREST RD
LITHIA, FL 33547

New Mailing Address:

8624 LITHIA PINECREST RD
LITHIA, FL 33547 US

FEI Number: 59-3235537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKINNEY, PATRICIA J
8624 LITHIA PINECREST ROAD
LITHIA, FL 33547 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: MCKINNEY, PATRICIA J
Address: 8624 LITHIA PINECREST ROAD
City-St-Zip: LITHIA, FL 33547

Title: V ( ) Delete
Name: GIBSON, DANA M
Address: 10112 SEDGEBROOK DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: S ( ) Delete
Name: GIBSON, TIM S
Address: 10112 SEDGEBROOK DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: V ( ) Delete
Name: ATCHISON, BILLY W
Address: P.O. BOX
City-St-Zip: LITHIA, FL 33547 US

Title: V ( ) Delete
Name: ATCHISON, KATHLINDA
Address: 808 OLD WELCOME ROAD
City-St-Zip: LITHIA, FL 33547 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: ATCHISON, BILLY W
Address: P.O. BOX 1033
City-St-Zip: LITHIA, FL 33547 US

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: PATRICIA J. MCKINNEY PRES 04/06/2009
Electronic Signature of Signing Officer or Director Date