

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000095773

Entity Name: FRIERSON FARMS, INC.

FILED  
Apr 11, 2008  
Secretary of State

## Current Principal Place of Business:

5050 E CR 720  
MOORE HAVEN, FL 33471 US

## New Principal Place of Business:

5955 E CR 720  
MOORE HAVEN, FL 33471 US

## Current Mailing Address:

PO BOX 1686  
CLEWISTON, FL 33440

## New Mailing Address:

FEI Number: 65-0678246      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAMMOCK, ALAN  
5040 E CR 720  
MOORE HAVEN, FL 33471 US

## Name and Address of New Registered Agent:

HAMMOCK, ALAN  
5895 E CR 720  
MOORE HAVEN, FL 33471 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:

04/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PAS ( ) Delete  
Name: PLATT, LOUVE S  
Address: 5050 E CR 720  
City-St-Zip: MOORE HAVEN, FL 33471

Title: VPST ( ) Delete  
Name: HAMMOCK, ALAN  
Address: 5040 E CR 720  
City-St-Zip: MOORE HAVEN, FL 33471

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P TR (X) Change ( ) Addition  
Name: HAMMOCK, ALAN  
Address: 5895 E CR 720  
City-St-Zip: MOORE HAVEN, FL 33471

Title: VPS (X) Change ( ) Addition  
Name: HAMMOCK, ARDIS  
Address: 5895 E CR 720  
City-St-Zip: MOORE HAVEN, FL 33471

Title: DIR ( ) Change (X) Addition  
Name: HAMMOCK, ROBERT A JR.  
Address: 1101 SE 8TH DR  
City-St-Zip: OKEECHOBEE, FL 34974

Title: DIR ( ) Change (X) Addition  
Name: HAMMOCK, SARAH A  
Address: 235 E ARCADE AVE  
City-St-Zip: CLEWISTON, FL 33440

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: ARDIS HAMMOCK

VP S

04/11/2008

Electronic Signature of Signing Officer or Director

Date