2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# P95000097131

Entity Name: TRIPLE M FL-GA FARMS, INC.

Current Principal Place of Business:

227 DIXIE BLVD
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

P O BOX 580
BOYNTON BEACH, FL 33425

New Mailing Address:

FEI Number: 65-0628300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER DR.
SUITE 500 EAST
WEST PALM BEACH, FL 33401 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:	MARSHALL, BARBARA	
Address:	1423 N SWINTON AVENUE	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	ST	( ) Delete
Name:	MCKAY, MARLENE M	
Address:	904 N SWINTON AVENUE	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	VP	( ) Delete
Name:	MCMURRAIN, THOMAS T	
Address:	1100 LINTON BLVD	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	VP	( ) Delete
Name:	MCMURRAIN, JR., GEORGE H	
Address:	P.O. BOX 580	
City-St-Zip:	BOYNTON BEACH, FL 334250580	

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:	( ) 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: GEORGE H. MCMURRAIN, JR VP 04/17/2009

Electronic Signature of Signing Officer or Director — Date