

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000043592

Entity Name: FORT PLEASANT FARMS, INC.

FILED
Jul 10, 2009
Secretary of State

Current Principal Place of Business:

4205 IRA SMITH RD.
SHADY GROVE, FL 32357

New Principal Place of Business:

Current Mailing Address:

COUNTY ROAD 14-A
POST OFFICE BOX 661
SHADY GROVE, FL 32357

New Mailing Address:

4205 IRA SMITHROAD
POST OFFICE BOX 661
SHADY GROVE, FL 32357

FEI Number: 59-3395037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRD, T. BUCKINGHAM ESQ.
220 SOUTH CHERRY STREET
MONTICELLO, FL 32344 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: PD () Delete
Name: ROWELL, A. KEITH
Address: 1865 VINEYARD WAY
City-St-Zip: TALLAHASSEE, FL 32317

Title: VPD () Delete
Name: ROWELL, W. BRENT
Address: COUNTY RD 14, P.O. BOX 618
City-St-Zip: SHADY GROVE, FL 32357

Title: VSTD () Delete
Name: ZORN, DARLA R
Address: 6938 MACKIN LN.
City-St-Zip: KNOXVILLE, TN 37931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: ROWELL, W. BRENT
Address: 3918 ALTON WENTWORTH ROAD, P.O. BOX 618
City-St-Zip: SHADY GROVE, FL 32357

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: A. KEITH ROWELL

PD

07/10/2009

Electronic Signature of Signing Officer or Director

_____ Date