

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000043592

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** FORT PLEASANT FARMS, INC.

**Current Principal Place of Business:**

4205 IRA SMITH RD.  
SHADY GROVE, FL 32357

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ROWELL, A. KEITH  
**Address:** 1865 VINEYARD WAY  
**City-St-Zip:** TALLAHASSEE, FL 32317

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

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

I hereby 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 all other like empowered.

SIGNATURE: A. KEITH ROWELL

PD

04/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date