2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P96000043696

Entity Name: WILLOW POND FARM, INC.

Current Principal Place of Business:

398 WILLOW POND RD.
MONTICELLO, FL 32344

New Principal Place of Business:

400 WILLOW POND RD.
MONTICELLO, FL 32344

Current Mailing Address:

398 WILLOW POND RD.
MONTICELLO, FL 32344

New Mailing Address:

400 WILLOW POND RD.
MONTICELLO, FL 32344

FEI Number: 59-3387213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMPSON, CLYDE B
WEST LAKE RD.
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

SIMPSON, CLYDE B
217 WILLOW POND RD.
MONTICELLO, FL 32344 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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SIMPSON, CLYDE B
Address: PO BOX 641 N/A
City-St-Zip: MONTICELLO, FL 32345

Title: VP ( ) Delete
Name: SIMPSON, S. TODD
Address: 96 WILLOW POND LANE
City-St-Zip: MONTICELLO, FL 32344

Title: VPST ( ) Delete
Name: SIMPSON, KIMBERLY C
Address: 96 WILLOW POND RD
City-St-Zip: MONTICELLO, FL 32344

Title: VP ( ) Delete
Name: SIMPSON, JOSEPH A
Address: 96 WILLOW POND RD
City-St-Zip: MONTICELLO, FL 32344

Title: VP ( ) Delete
Name: SIMPSON, MATTHEW W
Address: 398 WILLOW POND RD
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: SIMPSON, S. TODD
Address: 96 WILLOW POND ROAD
City-St-Zip: MONTICELLO, FL 32344

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: CLYDE B. SIMPSON P 04/30/2009
Electronic Signature of Signing Officer or Director — Date