

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000043696

Entity Name: WILLOW POND FARM, INC.

FILED  
May 01, 2012  
Secretary of State

## Current Principal Place of Business:

400 WILLOW POND RD.  
MONTICELLO, FL 32344

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 641  
MONTICELLO, FL 32345

## New Mailing Address:

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  
217 WILLOW POND RD.  
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: CEO  
Name: SIMPSON, CLYDE B  
Address: PO BOX 641 N/A  
City-St-Zip: MONTICELLO, FL 32345

Title: PD  
Name: SIMPSON, TODD S  
Address: 96 WILLOW POND ROAD  
City-St-Zip: MONTICELLO, FL 32344

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

Title: D  
Name: SIMPSON, JOSEPH A  
Address: 96 WILLOW POND RD  
City-St-Zip: MONTICELLO, FL 32344

Title: D  
Name: SIMPSON, MATTHEW W  
Address: 398 WILLOW POND RD  
City-St-Zip: MONTICELLO, FL 32344

Title: D  
Name: SIMPSON, DIANE  
Address: PO BOX 641  
City-St-Zip: MONTICELLO, FL 32345

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: CLYDE B. SIMPSON

CEO

05/01/2012

Electronic Signature of Signing Officer or Director

Date