2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# P96000068047

Entity Name: S.A.C.K. FARMS, INC.

Current Principal Place of Business:

5802 THONOTASASSA ROAD
PLANT CITY, FL 33564 US

New Principal Place of Business:

5802 THONOTASASSA ROAD
PLANT CITY, FL 33565 US

Current Mailing Address:

2305 SYDNEY DOVER RD
DOVER, FL 33527 US

New Mailing Address:

FEI Number: 59-3397631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDSON, ROSALIE
2305 SIDNEY-DOVER ROAD
DOVER, FL 33527 US

Name and Address of New Registered Agent:

WILLIAMSON, ANNA M SEC.
2305 SYDNEY-DOVER ROAD
DOVER, FL 33527 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: ANNA M. WILLIAMSON 01/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIAMSON, SAMUEL D
Address: 2305 SIDNEY-DOVER ROAD
City-St-Zip: DOVER, FL 33527

Title: D ( ) Delete
Name: WILLIAMSON, ANNA M
Address: 2305 SIDNEY-DOVER ROAD
City-St-Zip: DOVER, FL 33527

Title: D ( ) Delete
Name: MILLER, CLINT F
Address: 235 SAN JUAN ROAD
City-St-Zip: WATSONVILLE, CA 95076

Title: D ( ) Delete
Name: MILLER, KAREN V
Address: 235 SAN JUAN ROAD
City-St-Zip: WATSONVILLE, CA 95076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WILLIAMSON, SAMUEL D
Address: 2305 SYDNEY-DOVER ROAD
City-St-Zip: DOVER, FL 33527

Title: D (X) Change ( ) Addition
Name: WILLIAMSON, ANNA M
Address: 2305 SYDNEY-DOVER ROAD
City-St-Zip: DOVER, FL 33527

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: SAMUEL D. WILLIAMSON D 01/20/2009
Electronic Signature of Signing Officer or Director Date