

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000018162

Entity Name: FARMER/OXMOOR GP, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

8111 SHELBYVILLE ROAD
LOUISVILLE, KY 40222 US

New Principal Place of Business:

8001 SHELBYVILLE ROAD
LOUISVILLE, KY 40222 US

Current Mailing Address:

8111 SHELBYVILLE ROAD
LOUISVILLE, KY 40222 US

New Mailing Address:

8001 SHELBYVILLE ROAD
LOUISVILLE, KY 40222 US

FEI Number: 59-3432186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNDERWOOD, ROBERT L
5728 MAJOR BLVD
STE 500
ORLANDO, FL 32819 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: PC () Delete
Name: FARMER, TRACY
Address: 8665 BAY COLONY DRIVE, #1804
City-St-Zip: NAPLES, FL 341086774

Title: S () Delete
Name: FARMER, DEL
Address: 8111 SHELBYVILLE RD
City-St-Zip: LOUISVILLE, KY 40222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TRACY FARMER

PC

03/20/2009

Electronic Signature of Signing Officer or Director

Date