2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P97000062846

Entity Name: SUBER FAMILY FARM, INC.

Current Principal Place of Business:

113N MADISON ST
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

113N MADISON ST
QUINCY, FL 32351

New Mailing Address:

FEI Number: 59-3465651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINSON, ALEXANDER L
121 N MADISON ST
QUINCY, FL 32351 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: DP ( ) Delete
Name: SUBER, JAMES R
Address: 2535 SHADY REST ROAD
City-St-Zip: HAVANA, FL 32333

Title: DV ( ) Delete
Name: SUBER, JESSE F
Address: 117 S GADSDEN ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: DST ( ) Delete
Name: FLETCHER, H MAXWELL JR
Address: 113N MADISON ST
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete
Name: WILSON, HARRIET M
Address: 2546 MARSTON ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: SUBER, W HARVEY
Address: PO BOX 245
City-St-Zip: QUINCY, FL 32353

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JAMES R SUBER P 04/20/2009

Electronic Signature of Signing Officer or Director — Date