## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000042979

FILED Jan 13, 2009 Secretary of State

Entity Name: FARMERS MANUFACTURING ACQUISITION COMPANY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 814 HAMMONDVILLE RD POMPANO BEACH, FL 33060 **Current Mailing Address: New Mailing Address:** 814 HAMMONDVILLE RD POMPANO BEACH, FL 33060 FEI Number: 65-0834569 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRUNBAUM, WOLFGANG PRESIDE OWENS, PATRICK PRESIDE 814 HAMMONDVILLE ROAD 814 HAMMONDVILLE ROAD POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 US 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: PATRICK OWENS 01/13/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition REESER, DENNIS Name: Name: 360 SOUTH WYMORE ROAD Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: REESER, DICK M Name: 2700 NE CENTER AVE Address: Address: FORT LAUDERDALE, FL 33308 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition GRUNBAUM, WOLFGANG Name: OWENS, PATRICK Name: 814 HAMMONDVILLE ROAD 814 HAMMONDVILLE ROAD Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 US City-St-Zip: POMPANO BEACH, FL 33060 US

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: PATRICK OWENS **PRES** 01/13/2009