

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100913

FILED
Apr 09, 2009
Secretary of State

Entity Name: LIPE FARMS, INC.

Current Principal Place of Business:

9090 S.W. LIPE ST.
ARCADIA, FL 34269

New Principal Place of Business:

9080 S.W. LIPE ROAD
ARCADIA, FL 34269

Current Mailing Address:

9090 S.W. LIPE ST.
ARCADIA, FL 34269

New Mailing Address:

9080 S.W. LIPE ROAD
ARCADIA, FL 34269

FEI Number: 59-3545424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLF, ROBERT M P.A.
33 S.E. 4TH ST., STE. 102
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

WOLF, ROBERT M P.A.
55 N.E. 5TH AVENUE
SUITE 500
BOCA RATON, FL 33432 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:

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIPE, THOMAS B
Address: 9090 S.W. LIPE STREET
City-St-Zip: ARCADIA, FL 34269

Title: VP (X) Delete
Name: LIPE, JOHN W
Address: 9080 S.W. LIPE STREET
City-St-Zip: ARCADIA, FL 34269

Title: S () Delete
Name: LIPE, PAULINE E
Address: 9080 S.W. LIPE STREET
City-St-Zip: ARCADIA, FL 34269

Title: T (X) Delete
Name: LIPE, JOHNNIE L
Address: 9090 S.W. LIPE STREET
City-St-Zip: ARCADIA, FL 34269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LIPE, JOHN W
Address: 9080 S.W. LIPE ROAD
City-St-Zip: ARCADIA, FL 34269

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

Title: S (X) Change () Addition
Name: LIPE, PAULINE E
Address: 9080 S.W. LIPE ROAD
City-St-Zip: ARCADIA, FL 34269

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: JOHN W. LIPE

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date