

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000018376

Entity Name: JAMES CRYSTAL FARMS, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

6600 N. ANDREWS AVE.
SUITE 160
FORT LAUDERDALE, FL 33309

Current Mailing Address:

6600 N. ANDREWS AVE.
SUITE 160
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

2100 PARK CENTRAL BLVD N
SUITE 100
POMPANO BEACH, FL 33064

New Mailing Address:

2100 PARK CENTRAL BLVD N
SUITE 100
POMPANO BEACH, FL 33064

FEI Number: 65-0910128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINDES, RICHARD C
6600 N. ANDREWS AVE., SUITE 160
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

HINDES, RICHARD C
2100 PARK CENTRAL BLVD N
SUITE 100
POMPANO BEACH, FL 33064 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: RICHARD C HINDES

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HILLIARD, JAMES C SR.
Address: 6600 N ANDREWS AVENUE STE 160
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D () Delete
Name: SCHROPFER, GARY E
Address: 4855 ACORN DRIVE
City-St-Zip: BOCA RATON, FL 33487

Title: VP () Delete
Name: HILLIARD, JAMES W
Address: 6600 N ANDREWS AVENUE STE 160
City-St-Zip: FT LAUDERDALE, FL 33309

Title: VP () Delete
Name: HINDES, RICHARD C
Address: 3557 CYPRESS WOOD CT.
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HILLIARD, JAMES C SR.
Address: 2100 PARK CENTRAL BLVD N STE 100
City-St-Zip: POMPANO BEACH, FL 33064

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

Title: VP (X) Change () Addition
Name: HILLIARD, JAMES W
Address: 2100 PARK CENTRAL BLVD N STE 100
City-St-Zip: POMPANO BEACH, FL 33064

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: RICHARD C HINDES

VP

04/27/2009

Electronic Signature of Signing Officer or Director

Date