

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000068498

Entity Name: SHADY CREEK FARMS, INC.

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

6560 BILL DAVIS ROAD  
GLEN ST. MARY, FL 32040

**New Principal Place of Business:**

**Current Mailing Address:**

6560 BILL DAVIS ROAD  
GLEN ST. MARY, FL 32040

**New Mailing Address:**

FEI Number: 59-3600381

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIFFIS, WYMAN  
6560 BILL DAVIS ROAD  
GLEN ST. MARY, FL 32040 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: D ( ) Delete  
Name: GRIFFIS, WYMAN  
Address: 6560 BILL DAVIS ROAD  
City-St-Zip: GLEN ST. MARY, FL 32040

Title: D ( ) Delete  
Name: GRIFFIS, POLLY  
Address: 6560 BILL DAVIS ROAD  
City-St-Zip: GLEN ST. MARY, FL 32040

**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: POLLY C GRIFFIS

D

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date