

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S76093

FILED
Jan 21, 2009
Secretary of State

Entity Name: WALDO FARMERS & FLEA MARKET, INC.

Current Principal Place of Business:

17805 NE US HWY 301
WALDO, FL 32694

New Principal Place of Business:

Current Mailing Address:

PO BOX 142817
GAINESVILLE, FL 32614

New Mailing Address:

FEI Number: 59-2121788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAKEWOOD, STEPHEN W
3235 SW 62ND LANE
GAINESVILLE, FL 32608 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: BLAKEWOOD, SALLY R
Address: 17805 NE HWY 301
City-St-Zip: WALDO, FL 32694

Title: D () Delete
Name: BLAKEWOOD, STEVE,
Address: 17805 NE HWY 301
City-St-Zip: WALDO, FL 32694

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BLAKEWOOD, STEPHEN W
Address: 3235 SW 62ND LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Change (X) Addition
Name: AMANDA, BLAKEWOOD M
Address: 3235 SW 62ND LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Change (X) Addition
Name: KELLEY, BLAKEWOOD E
Address: 3235 SW 62ND LANE
City-St-Zip: GAINESVILLE, FL 32608

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: STEPHEN BLAKEWOOD

VP/D

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date