


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G42499</b> 1. Entity Name <b>BEDFORD FARM CORPORATION</b>	
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Principal Place of Business <b>5209 WINCHESTER HWY ESTILL SPRINGS TN 37330 US</b>	Mailing Address <b>5209 WINCHESTER HWY ESTILL SPRINGS TN 37330 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number <b>58-1535171</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LANDON, DUANE T. 5333 - 33RD STREET EAST BRADENTON FL 34203</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	DP <input type="checkbox"/> Delete LONDON, DUANE T 5333 33RD ST EAST BRADENTON FL
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	DST <input type="checkbox"/> Delete LONDON, JOYCE A 5333 33RD ST EAST BRADENTON FL
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	U00000843079 03/11/08-80055-017 150.00
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Joyce A. Landon Sec & Treas 2/25/08 931-596-3502  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR