

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90086 025 ***558.75

DOCUMENT # 196114 1. Entity Name FARMER & IRWIN CORP.					
Principal Place of Business STEVEN R IRWIN 3300 AVENUE K RIVIERA BEACH, FL 33404-2138			Mailing Address STEVEN R IRWIN 3300 AVENUE K RIVIERA BEACH, FL 33404-2138		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0864802	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IRWIN, STEVEN R 3300 AVENUE K RIVIERA BEACH, FL 33404				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRWIN, STEVEN R 6029 WOODLAKE RD JUPITER, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS FARMER, ROBERT E JR 8493 EGRET MEADOW LANE WEST PALM BEACH, FL 33412	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TSURUTOME, GEORGE 1398 SW 14TH DR BOCA RATON, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDAS LONG, ALAN D 5334 SE INLET PLACE STUART, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IRWIN, JEFFREY G 16179 121ST TERRACE NORTH JUPITER, FL 33478	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IRWIN, RANDALL L 19150 SE JUPITER RD. JUPITER, FL 33458	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Alan D. Long Vice President.</u> ALAN D. LONG <u>5/4/2006</u> <u>561-842-5316</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					