


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 536046 1. Entity Name MCCROAN FARMS, INC.	
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Principal Place of Business 22464 NE CR 286 GRAND RIDGE, FL 32442	Mailing Address 16481 HANNA TOWER RD ALTHA, FL 32421
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1804154	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCCROAN, GEORGIA B. 22464 NW CR 286 GRAND RIDGE, FL 32442

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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 renewing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000578257 01/09/07-80023-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCROAN, GEORGIA 22464 NE CR 286 GRAND RIDGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCROAN, KENNETH 250 CHOCTAW LANE COOSADA, AL 360202908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCROAN, LEONARD JR 17772 NE LEONARD MCCROAN RD ALTHA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AYERS, PATRICIA A 16481 NE HANNA TOWER RD. ALTHA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Patricia A. Ayers 1-5-07 850-762-3628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #