

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90124 001 ***150.00

DOCUMENT # 536046
 1. Entity Name
MCCROAN FARMS, INC.



Principal Place of Business Mailing Address
 22464 NE CR 286 16481 HANNA TOWER RD
 GRAND RIDGE, FL 32442 ALTHA, FL 32421

DO NOT WRITE IN THIS SPACE

66003287



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1804154	Applied For 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

DO NOT WRITE IN THIS SPACE

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

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

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	

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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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08 *850-762-3628*
 Date Daytime Phone #