

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90172 034 ***150.00

DOCUMENT # 536046



1. Entity Name
MCCROAN FARMS, INC.

Principal Place of Business
**22464 NE CR 286
GRAND RIDGE FL 32442**

Mailing Address
**16481 HANNA TOWER RD
ALPHA FL 32421**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1804154**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCROAN, GEORGIA B.
22464 NW CR 286
GRAND RIDGE FL 32442**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCROAN, GEORGIA	
STREET ADDRESS	22464 NE CR 286	
CITY-ST-ZIP	GRAND RIDGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCROAN, KENNETH	
STREET ADDRESS	ROUTE 1 BOX 46B	
CITY-ST-ZIP	ELMORE AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCROAN, LEONARD JR	
STREET ADDRESS	ROUTE 2 BOX 40-A	
CITY-ST-ZIP	ALPHA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	AYERS, PATRICIA A	
STREET ADDRESS	16481 NE HANNA TOWER RD	
CITY-ST-ZIP	ALPHA FL HANNA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3-26-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)