

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 559521

Entity Name: FOXX FARMS, INC.

FILED  
Mar 28, 2005  
Secretary of State

**Current Principal Place of Business:**

16112 NW COUNTY RD 231  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

16112 NW COUNTY RD 231  
GAINESVILLE, FL 32609

**New Mailing Address:**

FEI Number: 59-1882550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W.  
16714 NE 10 ST  
GAINESVILLE, FL 32609 US

**Name and Address of New Registered Agent:**

LONG, ROBERT P  
1083 N. COLLIER BLVD.  
#103  
MARCO ISLAND, FL 34145 US

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.

SIGNATURE: ROBERT P. LONG

03/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: LONG, ELMER O,  
Address: 16112 NW COUNTY RD 231  
City-St-Zip: GAINESVILLE, FL 326094054

Title: PVD ( ) Delete  
Name: HART, JAMES W,  
Address: 16714 NE 10 ST.  
City-St-Zip: GAINESVILLE, FL 326094054

Title: STD ( ) Delete  
Name: LONG, ROBERT P  
Address: 1083 N. COLLIER BLVD. #103  
City-St-Zip: MARCO ISLAND, FL 34145 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT P. LONG

STD

03/28/2005

Electronic Signature of Signing Officer or Director

Date