


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 683448 1. Entity Name SBG FARMS, INC.						FILED 05 OCT -4 AM 9:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 111 PONCE DE LEON AVE CLEWISTON, FL 33440				Mailing Address 111 PONCE DE LEON AVE CLEWISTON, FL 33440			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent BERNARD, GERARD A 111 PONCE DE LEON AVE. CLEWISTON, FL 33440				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 59-2034706			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
Signature				DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD <input checked="" type="checkbox"/> Delete NAME DOLSON, ROBERT A STREET ADDRESS 111 PONCE DE LEON AVE CITY-ST-ZIP CLEWISTON, FL 33440				TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME BUKER, ROBERT H JR STREET ADDRESS 111 PONCE DE LEON AVE CITY-ST-ZIP CLEWISTON, FL 33440			
TITLE V <input checked="" type="checkbox"/> Delete NAME BUKER, ROBERT H JR STREET ADDRESS 111 PONCE DE LEON AVE. CITY-ST-ZIP CLEWISTON, FL 33440				TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME WADE, MALCOLM S JR. STREET ADDRESS 111 PONCE DE LEON AVE CITY-ST-ZIP CLEWISTON, FL 33440			
TITLE ST <input type="checkbox"/> Delete NAME BERNARD, GERARD A STREET ADDRESS 111 PONCE DE LEON AVE CITY-ST-ZIP CLEWISTON, FL 33440				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 500060211535 STREET ADDRESS 10/04/05--01045--005 CITY-ST-ZIP **61.25			
TITLE <input type="checkbox"/> Delete NAME <i>PR 10/5</i> STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 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: <i>Gerard A. Bernard</i>				9/27/2005			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gerard A. Bernard				Date (863) 902-2119			