


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90324 020 ***150.00

| | |
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| DOCUMENT # H92545 |  |
| 1. Entity Name UNCLE DONALD'S FARM, INC. | |

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|---|---|
| Principal Place of Business 2713 GRIFFIN AVENUE LADY LAKE, FL 32159 | Mailing Address P.O. BOX 87 LADY LAKE, FL 32158 |
|---|---|



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04122005 Chg-P CR2E034 (10/03)

| | | |
|---|--|--|
| 4. FEI Number 59-2617863 | | 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 MORRIS, JEANETTE E. 2713 GRIFFIN AVENUE LADY LAKE, FL 32159 | | 7. Name and Address of New Registered Agent |
| | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 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 NAME STREET ADDRESS CITY-ST-ZIP | DVP MORRIS, DONNA 2713 GRIFFIN AVE LADY LAKE, FL 32159 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Morris, Donna 2713 Griffin Ave. Lady Lake, FL 32159 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS MORRIS, JEANETTE E P.O. BOX 87, GRIFFIN AVE. LADY LAKE, FL 32158 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT MORRIS, ELIZABETH 2713 GRIFFIN AVENUE LADY LAKE, FL 32158 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MORRIS, WANDA 2713 GRIFFIN AVE LADY LAKE, FL 32159 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Jeanette E Morris Jeanette E Morris 4-14-05 352-753-0882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #