2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# N02000000278

Entity Name: FAMILY FARMS OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

1652 DOLPH RD.
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

1652 DOLPH RD.
JACKSONVILLE, FL 32220

New Mailing Address:

FEI Number: 75-2986175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONTEMPORARY BUSINESS SERVICES, INC.
4070 HERSCHEL ST.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ELLISON, GLENN F
Address: 1652 DOLPH RD.
City-St-Zip: JACKSONVILLE, FL 32220

Title: DV ( ) Delete
Name: ELLISON, SHEILA
Address: 1652 DOLAH RD
City-St-Zip: JACKSONVILLE, FL 32220

Title: DST ( ) Delete
Name: MAGDALIN, KIM
Address: 5001 RIPPLE RUSH DR. N
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DST (X) Change ( ) Addition
Name: DAVID, RAY
Address: 6620 SOUTHPOINT DR. SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN ELLISON CEO 07/01/2005

Electronic Signature of Signing Officer or Director — Date