

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104498

FILED
Jan 04, 2005
Secretary of State

Entity Name: ESSAYONS RANCH AND ORCHARD, INC.

Current Principal Place of Business:

22290 SW 266 TH STREET
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

22290 SW 266 TH STREET
HOMESTEAD, FL 33031

New Mailing Address:

FEI Number: 65-1151725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAYSON, MOISES T
25 SE 2ND AVENUE SUITE 730
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P D () Delete
Name: MILLS, DEETTA K
Address: 22290 SW 266TH STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: O/D () Delete
Name: MILLS, JOHN A
Address: 22290 SW 266TH STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: CHRM () Delete
Name: MIDDLEBUSH, GORDON E
Address: 211 GOODRICH RD
City-St-Zip: CENTRALIA, WA 98531

Title: O/D () Delete
Name: MILLS, JACK O
Address: 169 NYMAN RD
City-St-Zip: CHEHALIS, WA 98532

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:

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: JOHN MILLS

O/D

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date