


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 03, 2006 8:00 am Secretary of State

05-03-2006 90207 010 ***150.00

DOCUMENT # P05000158973

1. Entity Name
OLD HOMESTEAD FARM, INC.



Principal Place of Business 4307 RIVERVIEW BLVD. W BRADENTON FL 34209	Mailing Address 4307 RIVERVIEW BLVD. W BRADENTON FL 34209
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609 - 49 ST E.	4307 RIVERVIEW Blvd. W
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc. BRADENTON FL
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City & State PALMETTO A	City & State
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Zip 34221	Country USA	Zip 34209	Country USA
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1st MOORE CR2E034 (10/05)



4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHOFIELD & SPENCER, P.A.
1429 60TH AVENUE WEST
SUITE 300
BRADENTON FL 34207

7. Name and Address of New Registered Agent

Name: R.C. DUNGAN
Street Address (P.O. Box Number is Not Acceptable): 4307 RIVERVIEW Blvd W
City: BRADENTON FL Zip Code: 34209

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: *[Signature]* DATE: 4/26/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	DUNGAN, JASON R	
STREET ADDRESS	704 48 ST. WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	DUNGAN, R.C.	
STREET ADDRESS	4307 RIVERVIEW BLVD. WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 exemptions contained in Section 119, 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: *[Signature]* DATE: 4/26/06 941-746-1924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #