2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

DOCUMENT# P98000015833

Entity Name: PRAIRIE VIEW FARM, INC.

Current Principal Place of Business:

397 LOLLY LANE
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

397 LOLLY LANE
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-3495427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROSENBLUM, RICHARD M
4168 PRIMA VISTA CIRCLE N.
JACKSONVILLE, FL 32217 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: D ( ) Delete
Name: SAWYER, MARK D
Address: 2919 POST STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: ROSENBLUM, RICHARD M
Address: 4168 PRIMA VISTA CIRCLE N.
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete
Name: ROSENBLUM, S R JR
Address: 7320 OAKMONT COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: FONTAINE, C L
Address: 397 LOLLY LANE
City-St-Zip: JACKSONVILLE, FL 32259

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 Chapter 119, 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: LAMAR FONTAINE D 01/08/2006

Electronic Signature of Signing Officer or Director Date