2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# 167630

Entity Name: LEWIS FRIEND FARMS, INC.

Current Principal Place of Business:

460 STATE FARMERS MARKET ROAD
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 199
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 59-0681052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KORBLY, KAY F
800 BACON PT RD
PAHOKEE, FL 33476 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	(X) Delete
Name:	FRIEND, LEWIS	
Address:	1350 E. MAIN ST	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	D	(X) Delete
Name:	FRIEND, GETHIE	
Address:	1350 E. MAIN ST	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	PD	( ) Delete
Name:	KORBLY, KAY F	
Address:	800 BACOM POINT RD	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	DV	( ) Delete
Name:	YOUNG, CYNTHIA	
Address:	8447 SE MERRIT WAY	
City-St-Zip:	JUPITER, FL 33458	
Title:	SD	( ) Delete
Name:	FRIEND, MERRY	
Address:	15240 111TH TERRACE NO.	
City-St-Zip:	JUPITER, FL 33478	
Title:	T	( ) Delete
Name:	KORBLY, CRAIG W	
Address:	332 NE 7TH ST	
City-St-Zip:	BELLE GLADE, FL 33430	

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:	
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: KAY F. KORBLY PRES 01/12/2005

Electronic Signature of Signing Officer or Director — Date