## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 17, 2006 8:00 am Secretary of State **DOCUMENT #201874** 04-17-2006 90380 012 \*\*\*158.75 1. Entity Name S & M FARM SUPPLY, INC. Mailing Address 40051360 Principal Place of Business 13690 SW 248TH STREET 13690 SW 248TH STREET P.O.BOX 4319 P.O.BOX 4319 HOMESTEAD, FL 33032 HOMESTEAD, FL 33032 2. Principal Place of Business 3. Mailing Address 8306 Miz Suite, Apt. #, etc Suite, Apt. #, etc. Chg-P CR2E034 (11/05) 04042006 SUITE Applied For 4. FEI Number City & State 59-0801829 Not Applicable \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 33183-3318 Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, T JLEE, SR oer is Not Acceptable 13690 SW 248TH STREET PRINCETON, FL 33030 Zip Code 4833 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. the obligations of registered agent. SIGNATURE of registered agent and title if applic CHECK NO. 14018 IN THE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees AMOUNT OF ALSS, TO ENCLOSED ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition SAME Change ☐ Delete TITLE TITLE SAME NAME SMITH, T JLEE, JR NAME 8306 MILLEDRIVE, SWITE 198 STREET ADDRESS STREET ADDRESS 13690 SW 248TH STREET FL 33183-4838 CITY-ST-ZIP CITY-ST-ZIP PRINCETON, FL Change : ☐ Delete TITLE AME TITLE NAME MARSH, TERRY D. NAME MILLS DRIVE SUITE 198 STREET ADDRESS 13690 SW 248 STREET STREET ADDRESS 33/83-4838 CITY-ST-ZIP PRINCETON, FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change | TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**FILED**