

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 215227</b> 1. Entity Name <b>FINEST FARMS, INC.</b>	
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Principal Place of Business <b>4004 RAINES RD BROOKSVILLE FL 34604</b>	Mailing Address <b>4004 RAINES RD BROOKSVILLE FL 34604</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt #, etc City & State Zip	4. FEI Number <b>59-0923392</b>
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Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>HUNNICUTT, HOMER JR 4004 RAINES RD BROOKSVILLE FL 34604</b>

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	State: <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> Delete
NAME	HUNNICUTT, NANCY E
STREET ADDRESS	4004 RAINES RD
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	PTD <input type="checkbox"/> Delete
NAME	HUNNICUTT, HOMER E JR
STREET ADDRESS	4004 RAINES RD
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	V <input type="checkbox"/> Delete
NAME	GREEN, PATRICK
STREET ADDRESS	4004 RAINES RD.
CITY - ST - ZIP	BROOKSVILLE FL 34604
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000280650
STREET ADDRESS	03/12/05-80034-002 150.00
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 exemption stated in Section 119.07(3)(f), 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: Homer E. Hunnicutt Jr Homer E. Hunnicutt Jr 3-5-05 352-7916-8005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #