


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 255209 1. Entity Name A-Z POULTRY FARMS, INC.	
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Principal Place of Business 1445 CASADAGA RD. DELAND, FL 32724	Mailing Address P.O. BOX 455 ORANGE CITY, FL 32763
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DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0948179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AMBACHTSHEER, PIETER C
1701 E. MINNESOTA
DELAND, FL 32724

**DO NOT WRITE
IN THIS SPACE**

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

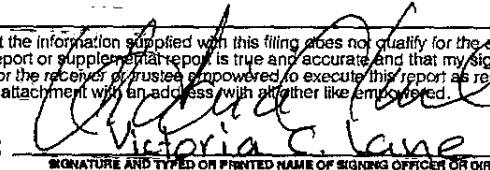
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZITMAN, ELISABETH P.T. 1447 CASADAGA RD. ORANGE CITY, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANE, VICTORIA C 112 COBLE COURT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMBACHTSHEER, PIETER C 1701 E. MINNESOTA DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VANDERVORT, TJITSKE 625 MAR VISTA SOLANO BEACH, CA 92075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000266372
03/17/05-80028-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like employer.

SIGNATURE:  **3-14-'05 386-775-3835**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #