2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 26, 2004 08:00 AM Secretary of State **DOCUMENT # 265157** OAKLAND FARMS, INC. Principal Place of Business Mailing Address PO DRAWER 1367 C/O 2357 SW 22ND CIRCLE E. OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34973 DO NOT WRITE IN THIS SPACE 01052004 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 59-1028222 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HALES, NORMAN F DO NOT WRITE 2357 SW 22ND CIRCLE E. OKEECHOBEE, FL 34974 IN THIS SPACE 6. 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. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HALES, NORMAN F NAME STREET ADDRESS 2357 S.W. 22 CIRCLE, E. CITY-ST-ZIP OKEECHOBEE, FL 34974 TITLE NAME STREET ADDRESS CITY-ST-ZIP The second secon TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 907, 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: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR