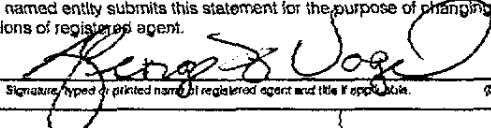
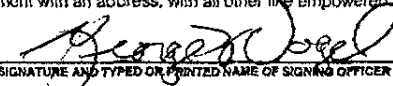


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 300181 1. Entity Name THE V.V. VOGEL AND SONS FARMS, INC.			
Principal Place of Business 13013 VOGEL FARMS RD GIBSONTON, FL 33534 US		Mailing Address P.O. BOX 638 13013 VOGEL FARMS RD. GIBSONTON, FL 33534 US	
DO NOT WRITE IN THIS SPACE			
			
		01072005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1115063	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent GEORGE, VOGEL H 11535 CORWIN ST. GIBSONTON, FL 33534		DO NOT WRITE IN THIS SPACE	
9. 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.		DATE 1/8/05 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD VOGEL, GEORGE 11535 CORWIN ST. GIBSONTON, FL 33534	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD VOGEL, JOHN V. 12014 S.NORTH ST. GIBSONTON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 1/8/05 DAYTIME PHONE # 813 677 5887	