


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 324395	
1. Entity Name SCHWARTZ FARMS, INC.	

Principal Place of Business 13011 FRUITVILLE RD. SARASOTA FL 34240	Mailing Address 13011 FRUITVILLE RD. SARASOTA FL 34240
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent SCHWARTZ, DAVID 13111 FRUITVILLE RD. SARASOTA FL 34240

4. FEI Number 59-1200136	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	
T NAME STREET ADDRESS CITY-ST-ZIP	SCHWARTZ, MICHAEL 13211 FRUITVILLE ROAD SARASOTA FL 34240 <input type="checkbox"/> Delete
PD NAME STREET ADDRESS CITY-ST-ZIP	SCHWARTZ, DAVID 13211 FRUITVILLE ROAD SARASOTA FL 34240 <input type="checkbox"/> Delete
S NAME STREET ADDRESS CITY-ST-ZIP	MILLER, JANET L 13211 FRUITVILLE ROAD SARASOTA FL 34240 <input type="checkbox"/> Delete
 NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
 NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
 NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	U00000214266 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/04/05-80005-022 150.00
 NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
 NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
 NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
 NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
 NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered

SIGNATURE: David Schwartz DAVID SCHWARTZ 2-1-05 941-371-8998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #