
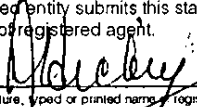


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90232 001 \*\*\*300.00

<b>DOCUMENT # 401566</b>			
1. Entity Name <b>IRISH ACRES FARM, INC.</b>			
Principal Place of Business <b>8400 N W US HWY 441 OCALA FL 34475 US</b>		Mailing Address <b>8400 N W US HWY 441 OCALA FL 34475 US</b>	
2. Principal Place of Business <b>9175 NW 60TH AVENUE</b>		3. Mailing Address <b>9175 NW 60TH AVENUE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>OCALA, FL</b>		City & State <b>OCALA, FL</b>	
Zip <b>34482</b>	Country <b>USA</b>	Zip <b>34482</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>HICKEY, MARGARET A 8400 N US HWY 441 OCALA FL 34475</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9175 NW 60TH AVENUE</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34482</b>	
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  <b>MARGARET A HICKEY</b> 3/27/05 Signature, typed or printed name, registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HICKEY, MARGARET ANN <del>2 KNEE ST AVE</del> OCALA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9175 NW 60TH AVENUE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENNA, KATHLEEN <del>8400 N US HWY 441</del> OCALA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9175 NW 60TH AVENUE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ABSTON, PATRICIA A <del>8400 N US HWY 441</del> OCALA FL 34475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9175 NW 60TH AVENUE OCALA, FL 34482
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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:**  **MARGARET A HICKEY, PRESIDENT** 4/12/05 352 732 0013  
Signature and typed or printed name of signing officer or director Date Daytime Phone #