


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90019 024 \*\*\*150.00

<b>DOCUMENT # 418696</b>	
1. Entity Name <b>HILLANDALE FARMS, INC.</b>	

Principal Place of Business <b>HWY 41 NO. PO BOX 2109 LAKE CITY, FL 32056-2109</b>	Mailing Address <b>P.O. BOX 2109 LAKE CITY, FL 32056-2109 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01062005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1439919</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HAZEN, JACK E JR. US HWY 41 NORTH LAKE CITY, FL 32055</b>	
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7. Name and Address of New Registered Agent Name <b>Jack E Hazen, Sr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>247 NW Hillandale Glen</b> City <b>Lake City</b> FL Zip Code <b>32055</b>	
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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>JACK E. HAZEN</b> <i>Jack E Hazen</i> DATE <b>1/24/05</b> <small>Signature, typed or printed name of registered agent and full if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete <b>HAZEN, JACK E RT 2 BOX 3074 STARKE, FL 32091</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>HAZEN, JACK E JR US HWY 41 NORTH LAKE CITY, FL 32055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HUNNICULT, HOMER E JR 4004 RAINES RD BROOKSVILLE, FL 34604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete <b>WARD, JO N SPRING HOLLOW BLVD LAKE CITY, FL 32055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BETHEL, ORLAND R 16 WAVERLY DRIVE GREENSBURG, PA 15601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MIZELL, DORMAN W HODGES ROAD CALLAHAN, FL 32011</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>President Jack E Hazen 13055 SW 17th Ave Brooker FL 32622</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director Jack E. Hazen, Jr. 123 Harmony Rd. Columbia, MS 39429</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director Orland R. Bethel 1196 Hawksview Trail Port St. Lucie, FL 34986</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director W. Dorman Mizell 5041 Dorman Place Callahan, FL 32011</b>

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.	
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SIGNATURE: <i>Jo N. Ward</i> <b>Sec. Treas.</b> DATE <b>1/24/05</b> DAYTIME PHONE <b>(886) 397-1300</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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**Jo N. Ward**