2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AN
Secretary of State

1. Entity Nam	MENT #428698 BD FEED MILL INC	, , , , , , , , , , , , , , , , , , , ,			Secre	tary of State	
Principal Plac 9282 97TH LIVE OAK, FL	LANE	Mailing Address PO BOX 6 LIVE OAK, FL 32064 US					
DO NOT WRITE IN THIS SPACE			CE	01062006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied For Not Applicable 59-1480570 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required			
Name and Address of Current Registered Agent HOWLAND, PEGGY R 1309 PINE AVE LIVE OAK, FL 32060 8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE.	Signature, typed or printed name of registered agent and the	la il sipplicable (NOTE Registe.	red Agent signature require	d when reinstaling)	DA	NE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution		i.00 May Be ded to Fees			
10. 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE VD FENDER, BILLIE A. 1211 COLISEUM AVENUE LIVE OAK, FL PD HOWLAND, JOHN D 919 WHITE AVENUE LIVE OAK, FL STD HOWLAND, PEGGY R 1309 PINE AVENUE LIVE OAK, FL	ECTORS		DO N	(((1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1	· —	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·		

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

John D. Howland, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/04

386-364-1370

Daytime Phone #