


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 470672</b> 1. Entity Name <b>GULF COUNTY FARMS, INC.</b>	
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Principal Place of Business <b>3003 HWY 77 STE A LYNN HAVEN, FL 32444</b>	Mailing Address <b>P.O. BOX 757 LYNN HAVEN, FL 32444</b>
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**DO NOT WRITE IN THIS SPACE**



04062006 No Chg-P CR2E034 (11/05)

4. FCI Number <b>59-1578595</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>FLEMING, MAX 8730 THOMAS DR., #1103A PANAMA CITY BEACH, FL 32408</b>
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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PO FLEMING, MAX 8730 THOMAS DR., #1103A PANAMA CITY BEACH, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D FLEMING, GEORGE RAY 8730 THOMAS DR., #1103A PANAMA CITY BEACH, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D FLEMING, MAXIE 8730 THOMAS DR., #1103A PANAMA CITY BEACH, FL
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04/21/06-60018-012 150.00

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12. I hereby 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: Max Fleming 4/6/06 850-5226219  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone