2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2007 08:00 AM **DOCUMENT # 482543 Secretary of State** 1. Entity Name CECIL BUZBEE FARMS, INC. Principal Place of Business Mailing Address 1721 27TH ST S E 1721 27TH ST S E RUSKIN FL 33570 RUSKIN FL 33570 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1616465 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUZBEE, ETTIE Street Address (P.O. Box Number is Not Acceptable) 502 3RD AVE S E RUSKIN FL 33570 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIId. Delete 11111 Change Addition BUZBEE, ETTIE H00000632156 NAME 502 3RD AVENUE SE 02/21/07-80009-023 158.75 STREET ADDRESS STREET ADDRESS RUSKIN FL CITY+ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition BAYSINGER, DAVID NAME 1721 27TH ST. S.E. STREET ADDRESS STRELT ADDRESS RUSKIN FL CITY+ST-ZIP CITY-SI-7IP ШŒ ☐ Delete ШŒ Change ☐ Addition BUZBEE, ETTIE NAME NAME STREET ADORESS 502 3RD AVENUE S.E. STREET ADDRESS CITY-ST-ZIP RUSKIN FL CITY-ST-7IP TITLE Change ☐ Delete TITLE Addition BAYSINGER, ANNABEL E NAME NAME 1721 27 ST SE STREET ADDRESS STREET ADDRESS RUSKIN FL 33570 CITY-ST-ZIP CITY - ST - ZIP Addition TITLE: Delete HILE ☐ Change NAMI: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Defete DILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP

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SIGNATURE: Atta Buylus Ettie Buzbee 2-6-07 8136453147

12. I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further cortify that the information indicated on this report or supplemental report is true and accurate and that my signature shalf have the same legal effect as if made under eath; 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