

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 549155

FILED
Jan 19, 2005
Secretary of State

Entity Name: BOICE FARMS, INC.

Current Principal Place of Business:

102 SNOWY EGERT
AMELIA ISLAND, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8374
AMELIA ISLAND, FL 32035 US

New Mailing Address:

PO BOX 349
CHARLOTTESVILLE, VA 22902 US

FEI Number: 59-1772667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, INC
800 N. MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803 US

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.

SIGNATURE: CHARLES H EGERTON

01/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD (X) Delete
Name: JACK, SUZANNE B
Address: PO BOX 8374
City-St-Zip: AMELIA ISLAND, FL 32035

Title: V () Delete
Name: PHILLIPS, AUBREY S
Address: 1487 LONESOME MTN HOLLOW
City-St-Zip: CHARLOTTESVILLE, VA 22911

Title: V () Delete
Name: BOZARTH, STEPHEN J
Address: 800 N. MAGNOLIA AVE., #1500
City-St-Zip: ORLANDO, FL 32803

Title: S () Delete
Name: JACK, WILLIAM I
Address: PO BOX 8374
City-St-Zip: AMELIA ISLAND, FL 32035

Title: V () Delete
Name: LINTON, CRAIG JR
Address: 3850 SW RIVERS END WAY
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PTD (X) Change () Addition
Name: PHILLIPS, AUBREY S
Address: 1487 LONESOME MTN HOLLOW
City-St-Zip: CHARLOTTESVILLE, VA 22911

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: JACK, WILLIAM I
Address: PO BOX 8374
City-St-Zip: AMELIA ISLAND, FL 32035

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUBREY S PHILLIPS

P

01/19/2005

Electronic Signature of Signing Officer or Director

Date