

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 549155

FILED  
Apr 18, 2006  
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:

622 E WASHINGTON STREET  
STE 200  
ORLANDO, FL 32801 US

## Current Mailing Address:

PO BOX 349  
CHARLOTTESVILLE, VA 22902 US

## New Mailing Address:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) 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: VSD ( ) 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: PTD (X) Change ( ) Addition  
Name: PHILLIPS, AUBREY S  
Address: P.O. BOX 349  
City-St-Zip: CHARLOTTESVILLE, VA 22902

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

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

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 Chapter 119, 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

PTD

04/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date