


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # 561250 1. Entity Name REYNOLDS FARMS, INC.		
Principal Place of Business 521 LAKE FRANCIS ROAD LAKE PLACID, FL 33852	Mailing Address 521 LAKE FRANCIS ROAD LAKE PLACID, FL 33852	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent REYNOLDS, CHARLES JR 521 LAKE FRANCIS ROAD LAKE PLACID, FL 33852		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYNOLDS, C.L. 521 LAKE FRANCIS RD. LAKE PLACID, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, ELOISE 521 LAKE FRANCIS RD. LAKE PLACID, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REYNOLDS, CHARLES L., JR 80 BEAR PT. LN. LAKE PLACID, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYNOLDS, TERRY L 106 BODENHAM RD LAKE PLACID, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BULLARD, BARBAR ANN(ASST 112 BODENHAM RD LAKE PLACID, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Barbara Bullard</i> BARBARA BULLARD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> ASST SEC 1-6-05 863465-1700 <small>Date Daytime Phone #</small>		



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1881023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/11/06-80003-007 150.00

**DO NOT WRITE
IN THIS SPACE**