2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State
07-20-2005 90029 002 ***500.00
08-29-2005 90144 034 ****50.00

DOCUMENT # 647708

1. Entity Name
WILCLAN FARMS, INC.

50063766

Principal Place of Business	Mailing Address
1200 GARVEY RD.,S.W. PALM BAY, FL 32908	1400 GARVEY RD.,S.W. PALM BAY, FL 32908

07122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1983905

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARD, SUSAN W
1400 GARVEY RD.,S.W.
PALM BAY, FL 32908

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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 _____ Date

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	WILLIAMS, PAUL D
STREET ADDRESS	1400 GARVEY RD.,S.W.
CITY ST ZIP	PALM BAY, FL 32908
TITLE	VPD
NAME	WILLIAMS, DANIEL L
STREET ADDRESS	1400 GARVEY ROAD, S.W.
CITY ST ZIP	PALM BAY, FL 32908
TITLE	PSDT
NAME	LEONARD, SUSAN W
STREET ADDRESS	1400 GARVEY RD.,S.W.
CITY ST ZIP	PALM BAY, FL 32908
TITLE	VPD
NAME	Williams - Marlene
STREET ADDRESS	1400 Garvey Rd SW
CITY ST ZIP	Palm Bay Fla 32908
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

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SIGNATURE: Marlene Williams 7-14-05 727-7092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number