


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 743656</b> 1. Entity Name ABBA FARMS, INC.	
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Principal Place of Business 32901 LEONARD RD. PO BOX 477 SAN ANTONIO, FL 33576 US	Mailing Address LEONARD LANE PO BOX 477 SAN ANTONIO, FL 33576
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02262005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1836934	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  PERRONE, RONALD S 32901 LEONARD RD. P. O. BOX 477 SAN ANTONIO, FL 33576	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PERRONE, VINCENT 971 LONG MEADOW LN. MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GANIM, JOSEPH 315 JOSEPH STREET S CHARLESTON, W VA 00000, 25303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PERRONE, RONALD S 32901 LEONARD LANE P.O. BOX 477 SAN ANTONIO, FL 00000, 33576
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PERRONE, SYLVIA 32901 LEONARD LANE, P.O. BOX 477 SAN ANTONIO, FL 00000, 33576
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000253293 03/07/05-80029-003 61.25
<b>DO NOT WRITE IN THIS SPACE</b>

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 617, 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.

<b>SIGNATURE:</b> <i>Sylvia V Perrone</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>2/26/05</i> <small>Date</small>	<i>352-588-0399</i> <small>Daytime Phone #</small>
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*Sylvia V Perrone*