


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 832050
 1. Entity Name
DOLLAR FARM PRODUCTS CO., INC.



Principal Place of Business P. O. BOX 68 1001 DOTHAN ROAD BAINBRIDGE, GA 39818 US	Mailing Address P. O. BOX 68 1001 DOTHAN ROAD BAINBRIDGE, GA 39818 US
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03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-0862224	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
 KANE, ROBERT B.
 325 JOHN KNOX ROAD, 100-E
 TALLAHASSEE, FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOLLAR, TOMMY PO BOX 68 1001 DOTHAN RD BAINBRIDGE, GA 39818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN, ROBERT M PO BOX 63Z, 222 CLIFTON ST. BRINSON, GA 39825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HADAR, TAMARA D 136 HORSESHOE RD BAINBRIDGE, GA 39817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

VOID
 03/20/06-80019-018 150.00

DO NOT WRITE IN THIS SPACE

118800462041
 03/21/06-80019-018 150.00

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: [Signature] DATE: 3-4-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #