## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT						· APPROVEL					
DOCUMENT # F02000001836						AND Fil FD					
1. Entity Name SPEEDFEED ACQUISITON CORP.								1			
					TALL	05 APR 28 AM 9: 03					
Principal Place of Business Mailing Address							SECRET	MAY OF	STATE		
JACKSONVILL	LANDING PARKWAY SUITE 112 E, FL 32250	1400 MARSH LANDING PARKWAY SUITE 112 Jacksonville, FL 32250				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
						·					
Principal Place of Business     13386 International Parkway		Mailing Address     13386 International Parkway									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04152005	Chg-P	CR2E03	4 (10/03)	MRS	
City & State Jacksonville, FL		City & State Jacksonville, FL				4. FEI Number 03-0419			_ <del> </del>	olied For Applicable	
Zip Country 32218 Duvai		Zip Count		•				8.75 Addi	tional		
32210	6. Name and Address of Current F		7. Name and Address of New Registered Agent								
CORPORATION SERVICE COMPANY					Name						
1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable)							
7,7,12,4,7,10,02,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1											
					City FL Zip Code						
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.  500154670755  05/17/0501028003 **1200.00											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algoritative required when refirstating)  DATE  OATE									<u> </u>		
муници, турев от рависи папе от перешения и перешения. (1771 с. подватом пунк въргания в перешен в нат Опоманд) UNIC											
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees											
10.	OFFICERS AND	 DIRECTORS	11.			ADDITIONS/C	HANGES TO OFFI	CERS AND I	DIRECTORS	S IN 11	
TITLE	VPAS Delete TITL				VAS				<b>√</b> Change	Addition	
NAME STREET ADDRESS	BARATELLI, PHIL  1400 MASN LANDING PKWY #112  STR			ET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE, FL 32250 cm			-ST-ZIP	Jackso	nville, FL 322	18				
TITLE NAME	DV Delete TITI SCHILLER, ROBERT R				VD Schiller	r Phil		1	<b>✓</b> Change	Addition	
STREET ADDRESS	1400 MARSH LANDING PARKWAY SUITE 112 STE			ET ADDRESS 13386 International Parkway							
CITY-ST-ZIP				-ST-ZIP	<b>-</b>	nville, FL 322	18				
TITLE NAME	DP TITL  CROSKREY, STEPHEN E TITL  NAM				PD O'Brier	n, Scott			☐ Change	<b>✓</b> Addition	
STREET ADDRESS CITY-ST-ZIP				IEET ADDRESS 13386 International Parkway y-sr-zip Jacksonville, FL 32218							
TITLE	TV Delete III				VT		10	ſ	✓ Change	☐ Addition	
NAME	WILLIAMS, MARK NA			Ε	William	ıs, Mark					
STREET ADDRESS CITY-ST-ZIP				et address -st-zip		International P nville, FL 322				1	
TITLE	V	☐ Delete	TITLE		V				<b>✓</b> Change	Addition	
NAME STREET ADDRESS	SEIDEL, JAMES 1400 MARSH LANDING PARKWAY SUITE 112 STR			E et adoress		, James International P	'arkway				
CITY-ST-ZIP	JACKSONVILLE, FL 32250			-ST-ZIP		onville, FL 322					
TITLE	S SMITH TODD	<b>✓</b> Delete	TITLE		S Kota C	Noon			☐ Change	Addition	
NAME STREET ADDRESS	SMITH, TODD  1400 MARSH LANDING PARKWAY SUITE 112  STR			ET ADDRESS	Katz, 0	international P	arkway			}	
CITY-ST-ZIP	JACKSONVILLE, FL 32250			-ST-ZIP	i .	onville, FL 322					
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 appreass, with all other like empowered.											
SIGNATURE Phil Baratelli April 18, 2005 (904) 741-5400								o			
	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICE	R OR DIREC	FOR			Date	Da	ytime Phone #		