2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000003516

1. Entity Name
MCNICHCRAM FEED & SEED, INC.

FILED
05 SEP 15 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500066842

07012005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
133 SE MAIN STREET VIDALIA, GA 30474	133 SE MAIN STREET VIDALIA, GA 30474

2. Principal Place of Business	3. Mailing Address
756 HWY 292	P.O. BOX 548
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VIDALIA, GA	City & State: VIDALIA, GA
Zip: 30474 Country: MONTGOMERY	Zip: 30475 Country: MONTGOMERY

4. FEI Number: 58-2171222 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRAMER, ROBERT A 14493 225TH ROAD LIVE OAK, FL 32060	Name Street Address (P.O. Box Number is Not Acceptable) 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC MCDONALD, FRANK L 402 MAIN STREET NE VIDALIA, GA 30474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD NICHOLS, LEONARD 133 SE MAIN STREET VIDALIA, GA 30474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition TSD NICHOLSON, LEONARD 756 HWY 292 VIDALIA, GA 30474
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC CRAMER, ROBERT A 14493 22TTH ROAD LIVE OAK, FL 32060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300059792393 09/20/05--01053--009 **550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Leonard Nicholson 9/1/05 912/537-4684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #