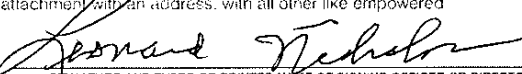


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000003516 1. Entity Name MCNICHCRAM FEED & SEED, INC.				FILED 05 SEP 15 AM 11:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA 50066842	
Principal Place of Business 133 SE MAIN STREET VIDALIA, GA 30474		Mailing Address 133 SE MAIN STREET VIDALIA, GA 30474			
2. Principal Place of Business 756 HWY 292		3. Mailing Address P.O. BOX 548			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State VIDALIA, GA		City & State VIDALIA, GA			
Zip 30474		Country MONTGOMERY		4. FEI Number 58-2171222	
Zip 30475		Country MONTGOMERY		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAMER, ROBERT A 14493 225TH ROAD LIVE OAK, FL 32060				7. Name and Address of New Registered Agent 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 22TH 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: 			Date: 9/1/05 Daytime Phone #: 912/537-4684		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		