

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000003516**

1. Entity Name  
**MCNICHCRAM FEED & SEED, INC.**



Principal Place of Business  
**756 HIGHWAY 292  
VIDALIA, GA 30474**

Mailing Address  
**P.O. BOX 548  
VIDALIA, GA 30475 US**



04172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FBI 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**

**CRAMER, ROBERT A  
14493 225TH ROAD  
LIVE OAK, FL 32060**

**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

*Robert A. Cramer*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

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 **PC**  
NAME **MCDONALD, FRANK L**  
STREET ADDRESS **402 MAIN STREET NE**  
CITY-ST-ZIP **VIDALIA, GA 30474**

TITLE **TSD**  
NAME **NICHOLSON, LEONARD**  
STREET ADDRESS **756 HIGHWAY 292**  
CITY-ST-ZIP **VIDALIA, GA 30474**

TITLE **VC**  
NAME **CRAMER, ROBERT A**  
STREET ADDRESS **14493 225TH ROAD**  
CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE  
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CITY-ST-ZIP

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05/12/06-80004-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Robert A. Cramer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #