


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F55343
 1. Entity Name
MARIAN FARMS, INC



Principal Place of Business % SHAUN J HILLARY 619 STATE ROAD 50 GROVELAND, FL 34736	Mailing Address % SHAUN J HILLARY 619 STATE ROAD 50 GROVELAND, FL 34736
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2155223	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HILLARY, SHAUN J
 619 STATE ROAD 50
 GROVELAND, FL 34736**

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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, 2005 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	PD HILLARY, SHAUN J 619 STATE ROAD 50 GROVELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HILLARY, DENNIS W 5 WINDSONG COURT CLERMONT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WILLIAMS, GARY E 619 STATE RD 50 GROVELAND, FL 08
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/25/05-80061-022 150.00

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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:  **PD** 1/17/05 352 429 4151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #