2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State 04-19-2007 90183 025 ***150.00

1. Entity Name	MENT # F59934 IDATED FEED & SUPPLY O	CO., INC.				7 90183 025 ***13	50.00	
Principal Place	e of Rusiness	Mailing Address		A O I)68976			
633 HWY 90 WEST		HWY 90 WEST		40	,000.			
		PO BOX 1449		1				
DEFUNIAK SP	PRINGS, FL. 32435-8449 US	DEFUNIAK SPRINGS, FL	. 32435-8449 US	1.000.000.000		AIGH GYDH GHUN BIGH GYDH TIGH	E(2) E2	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		1	2 4 2	0000004 (40)00	31	
[,		04112007	Chg-P	CR2E034 (12/06))	
City & State		City & State		4. FEI Numbe 59-2160		\longmapsto	Applied For Not Applicable	
Zip	Country	Zip .	Country	5. Certificate of	of Status Desired	□ \$8.75 A		
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New	v Registered Agent		
			Namedon	Name/ And A CO CO CO				
BUTTS, R BRUCE			7775	Street Address (P.O. Box Number is Not Acceptable)				
633 HWY 90 W P O BOX 1449 DEFUNIAK SPRINGS, FL 32435								
			580 TV	VIN LAKE	ES DRI	VE	,	
			RECINIA	K SP65		FL Zyc	^{ode} 3 3	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or registe	ered agent, or both	n, in the State of	Florida. I am familiar wi	th, and accept	
, the obligat	ions of registered agent.	-				/ /		
SIGNATUR G	111111111111111111111111111111111111111	2.11				04/16/0	7	
SIGNATURES	Signature, typed or printed name of runstered	nd title if applicable. (NOTE	E Registered Agent signature require	ed when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00	9. Election Campai		5.00 May Be				
. After Wa	ay 1, 2007 Fee will be \$550.(Trust Fund Conti	ribution. L. Adi	ded to Fees				
10.	ay 1, 2007 Fee will be \$550.0		ribution. Adi	_	CHANGES TO O	OFFICERS AND DIRECTO	DRS IN 11	
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12. I hereby certify that the information supplied with this filling 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 AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR