2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2006 8:00 am Secretary of State **DOCUMENT # F95000001877** 03-21-2006 90042 033 ***150.00 BLUESTEM FARM, INC. Principal Place of Business Mailing Address P.O. BOX 6042 LINCOLN NE 68506 P.O. BOX 6042 LINCOLN NE 68506 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 47-0739626 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EVERETT, DONALD R Street Address (P.O. Box Number is Not Acceptable) 4184 KENSINGTON HIGH STREET NAPLES FL 34109 City 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 Signalure, North or protect items of appointed agent and trib 4 applicables (NOTE: Registered Agent regnature required when roinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IME Delete TITLE Change Addition EVERETT, DONALD R NAME NAME STREET ADDRESS 5931 S. 58TH ST. STEETET ADDRESS CITY-ST-ZIP LINCOLN NE 68516 CITY-ST-ZIP DC TITLE ☐ Change TITLE Delete ☐ Addition EVERETT, DONALD R NAME STREET ADORESS STREET ADDRESS 5931 S. 58TH ST CITY-ST-ZIP CITY-ST-ZIP LINCOLN NE 68516 7271.7 Chance _____Addition_ îiiti NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-SI-71P ☐ Delete TATLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-74P CITY-ST-ZIP MILE ☐ Defete Change Add:tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIFLE MILE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and occurate 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. (402)423-2394 عا0-01-ç SIGNATURE: G OFFICER OR DIRECTOR

FILED



ATTACHMENT 50003942

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

BLUESTEM FARM, INC. P.O. BOX 6042 LINCOLN, NE 68506

Subject: BLUESTEM FARM, INC.

Reference Number:

F9500000187

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/al ANNUAL REPORTS SECTION