


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 31, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # G51886</b> 1. Entity Name <b>THE BLACK FARM, INC.</b>	
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Principal Place of Business <b>PO BOX 2461 VALDOSTA, GA 31604</b>	Mailing Address <b>PO BOX 2461 901 WEST BASE STREET VALDOSTA, GA 31604</b>
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01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2331597</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>ELLIS, DORIS B 4064 HEATH RD. JACKSONVILLE, FL 32277</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	VT CRAGO, KENNETH M P.O. BOX 2461 VALDOSTA, GA 31604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLIS, DORIS B. 4064 HEATH RD. JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALE, ROBBIE LEE B. 425 MARIE AVE. BLOUNTSTOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BLACK, BRUCE 3754 MEADOW RUE LANE NORCROSS, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1000000407700 02/03/06-80031-002 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:  **Kenneth M. Crago** 1-23-06 404-307-5433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #