


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90094 017 \*\*\*150.00

<b>DOCUMENT # G75701</b>	
1. Entity Name <b>LONG LEAF FARMS, INC.</b>	

Principal Place of Business <b>2806 W. U.S. 90 SUITE 101 LAKE CITY, FL 32055 US</b>	Mailing Address <b>2806 W. U.S. 90 SUITE 101 LAKE CITY, FL 32055 US</b>
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2. Principal Place of Business - No P.O. Box # <b>164 NW MADISON ST SUITE 102 LAKE CITY, FL 32055</b>	3. Mailing Address <b>PO Box 3659 SUITE 102 LAKE CITY, FL 32056</b>
City & State <b>LAKE CITY FL</b>	City & State <b>LAKE CITY FL</b>
Zip <b>32055</b> Country <b>USA</b>	Zip <b>32056</b> Country <b>USA</b>



04262007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-2379467</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CRAPPS, DANIEL D 2806 W. U.S. 90 STE 101 LAKE CITY, FL 32055</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>164 NW MADISON ST SUITE 102 LAKE CITY FL 32055</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.
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAPPS, DANIEL D. <b>2806 W. U.S. 90 SUITE 101 LAKE CITY, FL 32055</b> <i>PO Box 3659 32056</i>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAPPS, JAMES M. P.O. DRAWER W 164 LIVE OAK, FL 32064	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i> <b>DANIEL CRAPPS RESIDENT</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4/27/07</b> Daytime Phone # <b>386-755-5710</b>