


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H39878</b> 1. Entity Name FULFORD FARMS, INC.	
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Principal Place of Business % CLAYTON A. FULFORD, JR. 3212 FULFORD RD MONTICELLO, FL 32344	Mailing Address C/O GARY FULFORD 6025 BOSTON HWY. MONTICELLO, FL 32344
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01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2489714	Applied For 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  FULFORD, PHILLIP GARY 6025 BOSTON HWY MONTICELLO, FL 32344	<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FULFORD, CLAYTON A., JR. 3212 FULFORD RD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FULFORD, CLAYTON A., III 6063 BOSTON HWY MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FULFORD, PHILLIP GARY 6025 BOSTON HWY MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FULFORD, RUBY OTHAL 3212 FULFORD RD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/14/05-80002-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Phillip Gary Fulford</u>	Date: <u>1-12-05</u>	Daytime Phone #: <u>850-997-3780</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		