# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 11, 2005**
**Secretary of State**

DOCUMENT# H62675

**Entity Name:** FERN FARMS, INC.

**Current Principal Place of Business:**

15129 JOHN'S LAKE ROAD
P.O. BOX 338
CLERKMONT, FL 34711 US

**New Principal Place of Business:**

15129 JOHN'S LAKE ROAD
P.O. BOX 338
CLERMONT, FL 34711 US

**Current Mailing Address:**

C/O PATRICIA R. BODIFORD
P. O. BOX 338
OAKLAND, FL 347600338 US

**New Mailing Address:**

**FEI Number: 59-2541428** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BODIFORD, PATRICIA R
315 N TUBB ST
OAKLAND, FL 34760 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: BODIFORD, PATRICIA R, .
Address: 315 N TUBB ST.
City-St-Zip: OAKLAND, FL

Title: STD ( ) Delete
Name: BODIFORD, HOMER A.,
Address: 315 N TUBB ST.
City-St-Zip: OAKLAND, FL

Title: VPD ( ) Delete
Name: BODIFORD, BRYON R.,
Address: 15129 JOHNS LAKE ROAD
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA R BODIFORD PD 02/11/2005

Electronic Signature of Signing Officer or Director Date