


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J47968</b> 1. Entity Name GANN FARMS, INC.			
Principal Place of Business 22601 SW 152 AVE GOULDS, FL 33170 US		Mailing Address C/O PIERCE & BOWEN, CPA'S 48 N.E. 15 ST HOMESTEAD, FL 33030 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01122005 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-2750193		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LYNN, SANDRA T. 830 N. KROME AVE. HOMESTEAD, FL 33030		<b>DO NOT WRITE IN THIS SPACE</b>	
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) DATE</small>			
<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"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GANN, DONALD G. 22145 SW 154 AVE. GOULDS, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GANN, JOYCE W. 22145 SW 154 AVE. GOULDS, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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>G. Donald Gann</u> DP G DONALD GANN		Date <u>4/23/05</u> Daytime Phone # <u>786-423-1881</u>	