2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J73327

Entity Name: EASTSIDE FARM AND GARDEN, INC.

FILED Apr 29, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

% ALBERT L. CONROY
225 NORTH HIGHWAYS 17-91
HAINES CITY, FL 33844

% CARRIE D. BIELLING
225 NORTH HIGHWAYS 17-91
HAINES CITY, FL 33844

HAINES CITY, FL 33844

Current Mailing Address: New Mailing Address:

% ALBERT L. CONROY
225 NORTH HIGHWAYS 17-91
HAINES CITY, FL 33844

% CARRIE D. BIELLING
225 NORTH HIGHWAYS 17-91
HAINES CITY, FL 33844

FEI Number: 59-2844618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FULLER, MICHAEL D
225 NORTH HIGHWAYS 17-92
PO BOX 1693
HAINES CITY, FL 33844 US

BIELLING, CARRIE D
225 NORTH HIGHWAYS 17-92
HAINES CITY, FL 33844 US

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: CARRIE D. BIELLING 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete Title: PSD (X) Change () Addition

Name: FULLER, MICHAEL D Name: BIELLING, CARRIE D

Address: 225 N 17-92 Address: 225 N 17-92
City-St-Zip: HAINES CITY, FL 33845 City-St-Zip: HAINES CITY, FL 33844

Title: VPD () Delete Title: VTD (X) Change () Addition

 Name:
 FULLER, PAMELA D
 Name:
 BIELLING, TERRY

 Address:
 225 N 17-92
 Address:
 225 N 17-92

 City-St-Zip:
 HAINES CITY, FL 33844
 City-St-Zip:
 HAINES CITY, FL 33844

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: CARRIE D. BIELLING PSD 04/29/2005