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Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90079 027 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J93025

1. Entity Name
ALDERMAN FARMS SALES CORPORATION

Principal Place of Business	Mailing Address
% JAMES M. ALDERMAN P O BOX 566 DELRAY BEACH, FL 33447	% JAMES M. ALDERMAN P O BOX 566 DELRAY BEACH, FL 33447

40035474

2. Principal Place of Business	3. Mailing Address
	P. O. Box 740631
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Boynton Beach, FL
Zip / Country	Zip 33474 / Country

01212005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0050445 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALDERMAN, JAMES M. 1714 LAKE DRIVE DELRAY BEACH, FL 33483	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______ 3-14-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P ALDERMAN, JAMES M. 1714 LAKE DRIVE DELRAY BEACH, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: ______ 3-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #