
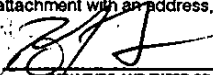


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90080 008 ***150.00

DOCUMENT # J95543			
1. Entity Name MOUNT DORA FARMS INC.			
Principal Place of Business 1500 PORT BLVD. DODGE ISLAND MIAMI, FL 33132		Mailing Address 1500 PORT BLVD. DODGE ISLAND MIAMI, FL 33132	
2. Principal Place of Business		3. Mailing Address 9000 West 67th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Merriam, KS	
Zip	Country	Zip 66202	Country USA
4. FEI Number 59-2851034		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		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP BRECHEISEN, BRUCE 8050 NW 79TH AVENUE MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8001 NW 79th Avenue Miami, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNCH, JOHN 8050 NW 79TH AVE MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8001 NW 79th Avenue Miami, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUTUN, MARSHALL L. ES ONE POST OFFICE SQUARE BOSTON, MA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary David Becker 9000 West 67th Street Merriam, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEER, ROBERT 9000W 67TH ST SHAWNEE MISSION, KS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRESKY, H.H. 200 BOYLSTON ST CHESTNUT HILL, MA 02167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 822 Boylston St
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIERRA, JOE 3451 N MIAMI AVENUE MIAMI, FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8001 NW 79th Avenue Miami, FL 33166
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 807, 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: 		Robert Steer Vice President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 9/7/05 Daytime Phone #: (913) 676-8800	