2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # K88193

1. Entity Name
HAYSTACK FARMS, INC.

Principal Place of Business	Mailing Address
20213 57TH RD LAKE CITY, FL 32024 US	20213 57TH RD LAKE CITY, FL 32024 US

03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2952411
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LLOYD, W.M., JR.
20213 -57TH RD
LAKE CITY, FL 32024

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	LLOYD, W.M., JR.
STREET ADDRESS	20213 57TH RD
CITY-ST-ZIP	LAKE CITY, FL
TITLE	DVT
NAME	LLOYD, WILLIAM M., III
STREET ADDRESS	20213 57TH RD
CITY-ST-ZIP	LAKE CITY, FL
TITLE	DS
NAME	LLOYD, SALLY ANN
STREET ADDRESS	20213 57TH RD
CITY-ST-ZIP	LAKE CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sally Ann Lloyd 4/6/06 386 963 3505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #