


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # L73528 1. Entity Name DAUPHIN FARMS, INC.				
Principal Place of Business 11841 OLD BICYCLE RD. PANAMA CITY, FL 32404		Mailing Address 1538 PRIMROSE LANE PANAMA CITY, FL 32404 US		
DO NOT WRITE IN THIS SPACE				
				01032006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3051059		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 DAUPHIN, JAMES M. 1538 PRIMROSE LANE PANAMA CITY PANAMA CITY FL, FL 32404-2796		DO NOT WRITE IN THIS SPACE		
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>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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				
TITLE	ST			
NAME	DAUPHIN, SUE C			
STREET ADDRESS	1538 PRIMROSE LANE			
CITY-ST-ZIP	PANAMA CITY, FL 324042796			
TITLE	P			
NAME	DAUPHIN, JAMES M			
STREET ADDRESS	1538 PRIMROSE LANE			
CITY-ST-ZIP	PANAMA CITY, FL 324042796			
TITLE	D			
NAME	DAUPHIN, SUE C			
STREET ADDRESS	1538 PRIMROSE LANE			
CITY-ST-ZIP	PANAMA CITY, FL 324042796			
TITLE	D			
NAME	DAUPHIN, JAMES M			
STREET ADDRESS	1538 PRIMROSE LANE			
CITY-ST-ZIP	PANAMA CITY, FL 324042796			
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 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 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <u>James M Dauphin</u>		1-4-06 850 8713072		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES M DAUPHIN		Date Daytime Phone #		

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01/11/06-80053-009 150.00

**DO NOT WRITE
IN THIS SPACE**