2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 10, 2008 08:00 Al Secretary of State DOCUMENT # M67961 1. Entity Name G & D FARMS, INC. Principal Place of Business Mailing Address 100 STEARN AVE P.O. BOX 1839 PLANT CITY, FL 33566-5045 US PLANT CITY, FL 33564-1839 US No Chg-P CR2E034 (11/05) 01252008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2871341 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent DO NOT WRITE WISHNATZKI, GARY 16609 MILLAN DE AVILA TAMPA, FL 33613 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WISHNATZKI, GARY NAME STREET ADDRESS 16609 MILLAN DE AVILA CITY-ST-ZIP TAMPA, FL 33613 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP TITEE NAME

12. Thereby certify that the information supplied with this filling 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 receive 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED