


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N49741
 1. Entity Name
FARM SHARE, INC.



Principal Place of Business Mailing Address
UNIT #12 **UNIT #12**
STATE FARMERS MARKET **STATE FARMERS MARKET**
FLORIDA CITY, FL 33034-3414 US **FLORIDA CITY, FL 33034-3414 US**

DO NOT WRITE IN THIS SPACE



03242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0342192	Applied For Not Applicable
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5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ROBBINS, PATRICIA
7763 SW 178 ST
MIAMI, FL 33157

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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 _____
Signature, typed or printed name of registered agent and date if applicable (NDT: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D HARTZ, CHARLES 25 TAHITI BEACH ISLAND CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	C ROBBINS, PATRICIA 7763 SW 178 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D KIRBY, TOM 7965 SW 86TH ST #123 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY ST ZIP	D WAINWRIGHT, ANN 2000 W. RANDOLPH CIRCLE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY ST ZIP	D ADIR, SHILO 900 PARK AVE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY ST ZIP	PCEO ROBBINS, MARK 1505 1/2 FERNANDO DR TALLAHASSEE, FL 32303

1000007288360
 04/05/05-80006-021 61.25

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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)(j), 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 617, 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: *Patricia Robbins* **3/30/05** **305-246-3276**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinguishing #