2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2005 08:00 AM Secretary of State DOCUMENT # P00000042173 1. Entity Name ASHLAND FARMS, INC. Principal Place of Business Mailing Address **877 SQUIRE DRIVE 877 SQUIRE DRIVE** WELLINGTON, FL 33414 WELLINGTON, FL 33414 03032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1092129 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SMITH, KENNETH J DO NOT WRITE 877 SQUIRE DRIVE WELLINGTON, FL 33414 IN THIS SPACE 3. 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 U00000256778 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE SMITH, KENNETH J NAME STREET ADDRESS **877 SQUIRE DRIVE** CITY-ST-ZIP WELLINGTON, FL 33414 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICE