2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# P01000001212

Entity Name: MECKLENBURG FARM, INC.

Current Principal Place of Business:

15551 W. BEAVER ST.
JACKSONVILLE, FL 32234

New Principal Place of Business:

Current Mailing Address:

4155 LAKESIDE DR
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3689932 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRIEG, DOROTHY S
4155 LAKESIDE DR
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KRIEG, INGO
Address: 4155 LAKESIDE DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: KRIEG, DOROTHY S
Address: 4155 LAKESIDE DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: KRIEG, HANS B
Address: 15551 W. BEAVER ST.
City-St-Zip: JACKSONVILLE, FL 32234

Title: D ( ) Delete
Name: KRIEG, KATHERINE L
Address: 4155 LAKESIDE DR.
City-St-Zip: JACKSONVILLE, FL 32234

Title: D ( ) Delete
Name: KRIEG, WILLIAM I
Address: 4155 LAKESIDE DR.
City-St-Zip: JACKSONVILLE, FL 32234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: KRIEG, KATHERINE L
Address: 4155 LAKESIDE DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Change ( ) Addition
Name: KRIEG, WILLIAM I
Address: 15551 W. BEAVER ST.
City-St-Zip: JACKSONVILLE, FL 32234

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INGO KRIEG D 07/05/2006

Electronic Signature of Signing Officer or Director — Date