2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000012525

1. Entity Name
RIVERLAND FARMS, INC.

Principal Place of Business	Mailing Address
2251 ST. JOHNS BLUFF ROAD S JACKSONVILLE, FL 32246	2251 ST. JOHNS BLUFF ROAD S JACKSONVILLE, FL 32246

DO NOT WRITE IN THIS SPACE

01112006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3695749		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARTLETT & DEAL, P.A.
135 PROFESSIONAL DR, STE 101
PONTE VEDRA BEACH, FL 32082

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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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2006 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	ELLIS, THOMAS M
STREET ADDRESS	10000 GATE PKWY N, APT 2116
CITY-ST-ZIP	JACKSONVILLE, FL 32246

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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02/15/06-80026-021 150.00

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IN THIS SPACE

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: _Thomas Ellis_   1/30/06 909645.0003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #