## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Aug 17, 2005 8:00 am Secretary of State DOCUMENT # P01000037961 08-17-2005 90004 010 \*\*\*150.00 1. Entity Name M&S FERTILIZER & FARM, INC. Principal Place of Business Mailing Address RT. 3. BOX 309 RT. 3. BOX 309 50062114 LAKE BUTLER, FL 32054 LAKE BUTLER, FL 32054 04132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 59-3716983 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, JOSHUA DO NOT WRITE RT. 3, BOX 309 LAKE BUTLER, FL 32054 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. Signature, typed or printed name of registered enent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SMITH, JOSHUA STREET ADDRESS RT. 3, BOX 309 LAKE BUTLER, FL 32054 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. changed, or on an attachment with an address, with

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

FILED