

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000048947

1. Entity Name
GOD WINS FARM, INC.



Principal Place of Business
1560 HICKORY STREET
NICEVILLE, FL 32578

Mailing Address
110 SUNSET COVE
NICEVILLE, FL 32578



05122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3740597

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HALL, STEVEN K
4399 COMMONS DRIVE EAST, SUITE 300
DESTIN, FL 32541

**DO NOT WRITE
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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, SHERRY GRANT 4399 COMMONS DRIVE EAST, SUITE 300 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, STEVEN K 4399 COMMONS DRIVE EAST, SUITE 300 DESTIN, FL 32541
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05/16/05-80005-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Sherry Grant Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/05
Date

850-897-1233
Daytime Phone #