


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000074368</b>		
1. Entity Name <b>SCHOFIELD FARMS, INC.</b>		
Principal Place of Business <b>13145 TOM GALLAGHER RD DOVER, FL 33527</b>		Mailing Address <b>13145 TOM GALLAGHER RD DOVER, FL 33527</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 02272005 No Chg-P CR2E034 (10/03)
4. FEI Number <b>59-3736871</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>SCHOFIELD, CHARLES M 13145 TOM GALLAGHER RD DOVER, FL 33527</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		<b>U000000278875 03/28/05-80040-023 150.00</b>
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	SCHOFIELD, CHARLES M	
STREET ADDRESS	13145 TOM GALLAGHER RD	
CITY-ST-ZIP	DOVER, FL 33527	
TITLE	D	
NAME	SCHOFIELD, FRED A M	
STREET ADDRESS	13145 TOM GALLAGHER RD	
CITY-ST-ZIP	DOVER, FL 33527	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Charles M. Schofield</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>3-24-05</u> (813) 659-1424 Date Daytime Phone #