


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000103056 1. Entity Name SAN BONITA FARMS, INC.	
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Principal Place of Business 855 SAN BONITA BLVD HAVANA, FL 32333	Mailing Address 855 SAN BONITA BLVD HAVANA, FL 32333
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DO NOT WRITE IN THIS SPACE

FILED
05 APR 28 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3751639	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HATCHER, THOMAS A 855 SAN BONITA BLVD HAVANA, FL 32333

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	T. Roberts MAY 02 2005
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HATCHER, THOMAS A 855 SAN BONITA BLVD HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HATCHER, JIMMY L JR. 810 SAN BONITA BLVD. HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	4/28/2005	850-933-5854
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>