

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90114 022 \*\*\*150.00

<b>DOCUMENT # P01000117299</b> 1. Entity Name <b>TABLETOP FARMS INC.</b>			
Principal Place of Business <b>12501 FORT KING RD. DADE CITY, FL 33525</b>		Mailing Address <b>12501 FORT KING RD. DADE CITY, FL 33525</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>233 12th St SW</b> Suite, Apt. #, etc.	
City & State <b>LARGO, FL</b>		4. FEI Number <b>16-1668421</b>	
Zip <b>33770</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DEAN, NORMA 8079 98TH ST. NORTH LARGO, FL 33777</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERRY, TIMOTHY M 12501 FORT KING RD. DADE CITY, FL 33525	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERRY, TIMOTHY M 10210 Thurston Graves Blvd Seminole FL 33778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FERRY, EVALEE A 12501 FORT KING RD. DADE CITY, FL 33525	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FERRY, EVALEE A 10210 Thurston Graves Blvd Seminole FL 33778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>EvaLee Ferry</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/17/06 (727) 742 6615 Date Daytime Phone #	