

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000050849
 1. Entity Name
 HEIDI LYNN FARM, INC.



Principal Place of Business Mailing Address
 9451 NW 60TH AVE 9451 NW 60TH AVE
 OCALA, FL 34482 OCALA, FL 34482



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4232923	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
 MOXLEY, JOHN
 2320 NE 2ND ST, STE 4
 OCALA, FL 34470

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKHALTER, WALTER 9451 NW 60TH AVE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKHALTER, HEIDI 9451 NW 60TH AVE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALM, LYNN 9445 NW 60 AVENUE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTION-ROSSILLON, CYRIL 9445 NW 60 AVENUE OCALA, FL 34482
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 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: *Cyril Pittion-Rossillon* Date: 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #