

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000118037

1. Entity Name
UNCLE MATT'S ORGANIC, INC.



Principal Place of Business

1380 GRAND HWY
#200
CLERMONT, FL 34711

Mailing Address

P.O. BOX 120389
CLERMONT, FL 34711



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1560079

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLEAN, SUSAN
20574 SUGARLOAF MT RD
CLERMONT, FL 34711

**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

Susan McLean

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

1-7-05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MCLEAN, MATT
STREET ADDRESS 10311 SMOKERISE LANE
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D
NAME MCLEAN, SUSAN
STREET ADDRESS 20574 SUGARLOAF MT. RD.
CITY-ST-ZIP CLERMONT, FL 34711

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01/10/05-80092-016 158.75

**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:

Susan McLean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-05

Date

352-344-8737

Daytime Phone #