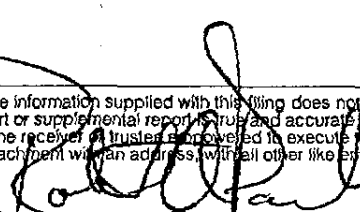


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P02000133836 1. Entity Name PASS THE BUC FARMS, INC.		
Principal Place of Business 14202 PEPPERWOOD CT HUDSON, FL 34667	Mailing Address PO BOX 5822 SPRING HILL, FL 34611	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PASARELA, ROBERT A 14202 PEPPERWOOD CT HUDSON, FL 34667		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 _____ 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, 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	DPST PASARELA, ROBERT A 14202 PEPPERWOOD CT HUDSON, FL 34667	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PASARELA, MARGARET A 14202 PEPPERWOOD COURT HUDSON, FL 34667	
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		
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 changed, or on an attachment with an address, without other like empowered.		
SIGNATURE  ROBERT PASARELA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/06 Date Daytime Phone #



04242006 No Chg-P CR2E034 (11/05)

4. FBI Number **57-1143598** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000544134
05/11/06 80024-002 150.00

**DO NOT WRITE
IN THIS SPACE**