

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035029

FILED
Jan 19, 2005
Secretary of State

Entity Name: NAU'S FARM INC.

Current Principal Place of Business:

4390 SW YAMADA DRIVE
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

4390 SW YAMADA DRIVE
PORT SAINT LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-1180708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAU, RITHY
4390 SW YAMADA DRIVE
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NAU, RITHY
Address: 4390 SW YAMADA DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: V () Delete
Name: NAU, SOKONA HEM
Address: 4390 SW YAMADA DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S () Delete
Name: NAU, KAREN M
Address: 4390 SW YAMADA DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T () Delete
Name: NAU, SOKUNTHEA
Address: 4390 SW YAMADA DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RITHYNAU

P

01/19/2005

Electronic Signature of Signing Officer or Director

_____ Date