2005 FOR PROFIT CORPORATION ANNUAL REPORT

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04-11-2005 90188 020 ***150.00 DOCUMENT # P03000060432 1. Entity Name ORGANIC RESOURCES, INC. Principal Place of Business Mailing Address 29210 HADLOCK DR. PO BOX 7498 WESLEY CHAPEL, FL 33544 WESLEY CHAPEL, FL 33544 2. Principal Place of Business 2290 <u>BR</u> 60 3. Mailing Address POBOX 1978 West Suite, Apt. #, etc. Suite, Ant. #. etc. 04042005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For seffner FL Mulberry 20-0031906 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired POIK Hillsborough Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GANS, STEPHEN C 29210 HADLOCK DRIVE WESLEY CHAPEL, FL 33544 Hickory FORK DR Zip Code 584 City_ effner 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. of registered agent and title if epolicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PRES. **D** chánge TITLE ☐ Delete TITLE GANS, Stephen POBOX 6978 GANS, STEPHEN NAME NAME PO BOX 7498 STREET ADDRESS STREET ADDRESS ZEPHYRHILLS, FL 33544 CITY-ST-ZIP CITY-ST-7IP SEFFNER, FL ☐ Delete ☐ Addition TITLE ☐ Channe TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Apr 11, 2005 8:00 am Secretary of State