

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105593

FILED  
May 07, 2006  
Secretary of State

**Entity Name:** FARROW FAMILY INVESTMENTS CORPORATION

**Current Principal Place of Business:**

1057 MCKINNON BRIDGE ROAD  
PONCE DE LEON, FL 32455

**New Principal Place of Business:**

**Current Mailing Address:**

1057 MCKINNON BRIDGE ROAD  
PONCE DE LEON, FL 32455

**New Mailing Address:**

**FEI Number:** 90-0110956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FARROW, PAMELA E  
1057 MCKINNON BRIDGE ROAD  
PONCE DE LEON, FL 32455 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: FARROW, PAMELA E PRESIDE  
Address: 1057 MCKINNON BRIDGE ROAD  
City-St-Zip: PONCE DE LEON, FL 32455 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Chapter 119, 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: PAMELA E. FARROW

OWER

05/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date