




**2006 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000137627 1. Entity Name FARMER DEL, INC.		
Principal Place of Business 15412 MANNING DR. TAMPA, FL 33613		Mailing Address C/O THE TAXXPERS INC. 15951 N. FLORIDA AVENUE LUTZ, FL 33549
DO NOT WRITE IN THIS SPACE		
		 01062006 No Chg-P CR2E034 (11/05)
4. FEI Number 32-0008292		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent STAFFORD, S L C/O THE TAXXPERS INC. 15951 N. FLORIDA AVENUE LUTZ, FL 33549		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: _____ (NOTE: Registered Agent signature required when restate) _____ DATE: _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	DPT	
NAME	CRITEL, DELBERT	
STREET ADDRESS	15412 MANNING DRIVE	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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 if changed, or on an attachment with an address, with all other like empowered		
SIGNATURE:  1-25-06		(813) 219-2730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #