


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90153 038 ***150.00

DOCUMENT # P03000149678	
1. Entity Name NAN'S FARMS, INC.	

Principal Place of Business P.O. BOX 3504 NORTH FORT MYERS, FL 33918	Mailing Address P.O. BOX 3504 NORTH FORT MYERS, FL 33918
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14007163

2. Principal Place of Business 411 NW 106th Ave	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03092005 Chg-P CR2E034 (10/03)

City & State Ocala FL	City & State F
Zip 34482	Country Marion

4. FEI Number 04-3779942	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PUTNAM, DEBORAH A 16671 SHELBY LANE NORTH FORT MYERS, FL 33917	
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7. Name and Address of New Registered Agent Deborah A Putnam Street Address (P.O. Box Number is Not Acceptable) 411 NW 106th Ave City Ocala FL Zip Code 34482	
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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 Deborah A Putnam <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4/27/05 <small>(NOTE: Registered Agent's signature is required when changing registered office or agent.)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUTNAM, DEBORAH A P.O. BOX 3504 NORTH FORT MYERS, FL 33918 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deborah A Putnam 411 NW 106th Ave Ocala FL 34482 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLEFIELD, DWIGHT B P.O. BOX 3504 NORTH FORT MYERS, FL 33918 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dwight B. Littlefield 411 NW 106th Ave Ocala FL 34482 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: Deborah A Putnam <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 4/27/05 <small>Date</small>	DAYTIME PHONE 239-872-0638 <small>Daytime Phone #</small>
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