

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90019 026 \*\*\*150.00

|                                              |                                                                                   |
|----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000153329</b>               |  |
| 1. Entity Name<br><b>PHEENIX FARMS, INC.</b> |                                                                                   |

|                                                                                  |                                                                      |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br><b>821 VIRGINIA ST<br/>JACKSONVILLE, FL 32208</b> | Mailing Address<br><b>821 VIRGINIA ST<br/>JACKSONVILLE, FL 32208</b> |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|

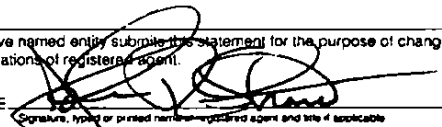


01122007 No Chg-P CR2E034 (11/05)

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|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-0561238</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

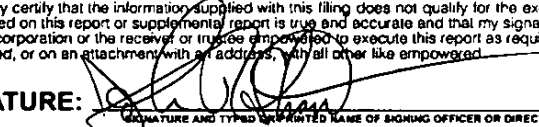
|                                                                                                                                          |  |                                       |
|------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>KEEL, DANIEL D.<br/>ONE INDEPENDENT DR STE 2301<br/>JACKSONVILLE, FL 32202</b> |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| <i>JOHN R SHAW<br/>PO BOX 28620 821 VIRGINIA ST<br/>JACKSONVILLE FL 32208</i>                                                            |  |                                       |

|                                                                                                                                                                                                                               |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 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:                                                                                                                                  | DATE: <i>1/20/07</i> |

|                                                                               |                                                                                                                            |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                |
|----------------------------------------------------|----------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>SHAW, JOHN R JR<br>PO BOX 28620<br>JACKSONVILLE, FL 32226 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>SHAW, HOWARD J<br>PO BOX 28620<br>JACKSONVILLE, FL 32226  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>PITMAN, SYLVIA<br>PO BOX 28620<br>JACKSONVILLE, FL 32226  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE: <i>1/20/07</i> DAYTIME PHONE: <i>904-768-0591</i> |