
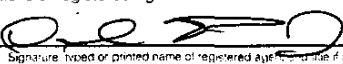
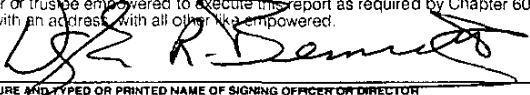


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90274 020 ***150.00

DOCUMENT # P04000081368 1. Entity Name CROSS CREEK FARMS, INC.					
Principal Place of Business P.O. BOX 957 FT. MCCOY, FL 32134			Mailing Address P.O. BOX 957 FT. MCCOY, FL 32134		
2. Principal Place of Business Suite, Apt #, etc			3. Mailing Address Suite, Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1182693	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent YOUNG, CHRISTOPHER G 15995 NE 235TH ST FT. MCCOY, FL 32134				7. Name and Address of New Registered Agent Name Daniel Thomas Jr. Street Address (P.O. Box Number is Not Acceptable) 5720 NE 7th St. City Ocala	
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.				FL Zip Code 34470	
SIGNATURE  Daniel Thomas Jr <small>Signature typed or printed name of registered agent if applicable (NOTE: Registered Agent signature required when reissuing)</small>				DATE 4/25/04	
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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BENNETT, DOYLE R 15995 NE 235TH ST FT. MCCOY, FL 32134			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP YOUNG, CHRISTOPHER G 15995 NE 235TH ST. FT. MCCOY, FL 32134			<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST BENNETT, JEAN 15995 NE 235TH ST FT. MCCOY, FL 32134			<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				<input type="checkbox"/> Delete	
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.					
SIGNATURE: 				4-15-05 352-546-2004 <small>Date Daytime Phone #</small>	