

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90115 024 ***150.00

DOCUMENT # P04000106521

1. Entity Name

DYNAMITE FARMS, INC.



Principal Place of Business

6065 ELLIS LANE
LAXAHATCHEE FL 33470

Mailing Address

P. O. BOX 310
CRYSTAL RIVER FL 34423



2. Principal Place of Business

Above

Suite, Apt. #, etc.

3. Mailing Address

6065 Ellis Lane

Suite, Apt. #, etc.

City & State

City & State

Laxahatchee

Zip

Country

Zip

33470

Country

Palm Beach

4. FEI Number

57-0700292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZILL, MARLYS A PRES

~~8837 NO CITRUS AVE~~

~~CRYSTAL RIVER FL 34428~~

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Marlys A. Zill

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

3-20-06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ZILL, MARLYS A**
CITY-ST-ZIP **P. O. BOX 310 6065 Ellis Lane**
CRYSTAL RIVER FL 34423 Laxahatchee, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Marlys A. Zill **MARLYS A. ZILL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06

Date

561-798-1944

Daytime Phone #