

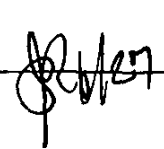
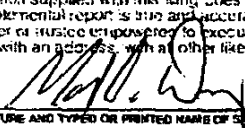
2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JUN 23 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06202006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000164306					
1. Entity Name V V FARMS, INC.					
Principal Place of Business 11356 HARLAN DRIVE JACKSONVILLE, FL 32218			Mailing Address 11356 HARLAN DRIVE JACKSONVILLE, FL 32218		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3969538	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRURY, MARK A 11356 HARLAN DRIVE JACKSONVILLE, FL 32218				7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when recording)					
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 Max \$8.06 Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS #11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD DRURY, MARK A 11356 HARLAN DRIVE JACKSONVILLE, FL 32218	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition	VP and Director Dale W. Gaines 1843 Ocean Dr. S. Jax, Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition	VP and Director Kirk A. Tovey 13751 Club Cove Dr Jax, FL 32225
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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:  Mark A. Drury			6/20/06 904-545-5197		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		