

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07874

FILED
Apr 24, 2005
Secretary of State

Entity Name: HONEY HILL PLANTATION, INC.

Current Principal Place of Business:

ROUTE 2 BOX 62
COCHRAN, GA 31014 US

New Principal Place of Business:

Current Mailing Address:

ROUTE 2 BOX 62
COCHRAN, GA 31014 US

New Mailing Address:

FEI Number: 58-1592566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARKER, NANCY R
Address: ROUTE 2 BOX 62
City-St-Zip: COCHRAN, GA 31014 US

Title: SD () Delete
Name: PARKER, EDWARD A
Address: 357 HILL STREET
City-St-Zip: RINGGOLD, GA 30736 US

Title: VD () Delete
Name: PARKER, CHARLES P
Address: ROUTE 2, BOX 62
City-St-Zip: COCHRAN, GA 31014 US

Title: AT () Delete
Name: CAWOOD, MARGARET P
Address: P O BOX 363
City-St-Zip: TUNNEL HILL, GA 30755 US

Title: AS () Delete
Name: PARKER, PAUL E
Address: 790 SEABREEZE DR.
City-St-Zip: AVON, IN 46123 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PARKER, EDWARD A
Address: 46 BLUE HERON DRIVE
City-St-Zip: RINGGOLD, GA 30736 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY R. PARKER

PD

04/24/2005

Electronic Signature of Signing Officer or Director

_____ Date