

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000021378

1. Entity Name
 BUCHANAN FARMS, INC.



Principal Place of Business
 24 N HARBOR CITY BLVD
 MELBOURNE, FL 32935 US

Mailing Address
 707 S WASHINGTON BLVD
 SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3181126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOSCH, JOHN E
 C/O SARASOTA FORD
 707 S WASHINGTON BLVD
 SARASOTA, FL 34236

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000741280
 05/15/07-80024-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUCHANAN, VERNON G
STREET ADDRESS	707 S WASHINGTON BLVD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	BRODSKY, KEVIN S
STREET ADDRESS	24 N HARBOR CITY BLVD
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	VPS
NAME	TOSCH, JOHN E
STREET ADDRESS	707 S WASHINGTON BLVD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	T
NAME	HITEMAN, STEVE
STREET ADDRESS	707 S WASHINGTON BLVD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _____ **4/27/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #