## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000023629  1. Entity Name DUNN DIEHL FARMS, INC.		29		Secretary of State	
Principal Place P O BOX 154 WIMAUMA, FL		Mailing Address P O BOX 154 WIMAUMA, FL 33598			
DO NOT WRITE IN THIS SPAC			CE	01152005 No Chg-P CR2E034 (10/03)  4. FEI Number	
DIEHL, FRA 202 11TH A' RUSKIN, FL	VE NW	gistered Agent		DO NOT WRITE IN THIS SPACE	
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 the if applicable  (NOTE Registered Agent signature required when renstating)  DATE  9. Election Campaign Financing  \$5.00 May Be					
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.			☐ Ádde	led to Fees	
NAME E STREET ADDRESS 3 CITY-ST-ZIP F ITLE L NAME STREET ADDRESS 3	OFFICERS AND DII PD DIEHL, FRANK 301 14 STREET, S.W. RUSKIN, FL D DIEHL, ORA 301 14 STREET, S.W. RUSKIN, FL	RECTORS		UNNOBO2583 <b>88</b> 03/10/05-800 <b>39-0</b> 02 <b>150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	etifu that the information surrolled with this	s filing does not quality for the ever	mplion stated in Sou	culion 119.07(3)(i). Florida Statutes. I further certify that the information	

12. I nereby cerimy that the information supplied with this tiling does not qualify for the exemption stated in Section 119.D7(3)(t). 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

315/05 813-634-545