

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90086 021 \*\*\*158.75

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<b>DOCUMENT # P94000018449</b> 1. Entity Name O C FARMS, INC.			
Principal Place of Business 1268 GALLOP DR. LOXAHATCHEE, FL 33470		Mailing Address 1268 GALLOP DR. LOXAHATCHEE, FL 33470	
2. Principal Place of Business <i>12723 W. FOREST HILL BLVD</i> Suite, Apt. #, etc. <i>D11</i>		3. Mailing Address <i>12723 W. FOREST HILL BLVD</i> Suite, Apt. #, etc. <i>D11</i>	
City & State <i>WELLINGTON, FL</i>		City & State <i>WELLINGTON, FL</i>	
Zip <i>33414</i>		Zip <i>33414</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 65-0477054		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LOURDES, PRESCOTT 1268 GALLOP DRIVE LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent *Name <i>WARREN L. PRESCOTT</i> Street Address (P.O. Box Number is Not Acceptable) <i>51 RIVER DRIVE</i> City <i>TEQUESTA</i> FL Zip Code <i>33469</i>	
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: <i>Loures M Prescott</i> DATE: <i>01/19/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRESCOTT, WARREN 1268 GALLOP DR. LOXAHATCHEE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>D/P</i> <i>WARREN L. PRESCOTT</i> <i>51 RIVER DRIVE</i> <i>TEQUESTA, FL 33469</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LOURDES M PRESCOTT 1268 GALLOP DR LOXAHATCHEE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>D/S/T</i> <i>LOURDES M. PRESCOTT</i> <i>51 RIVER DRIVE</i> <i>TEQUESTA, FL 33469</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Loures M Prescott</i>		DATE: <i>01/19/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	