

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000028312

FILED
Apr 21, 2005
Secretary of State

Entity Name: NOB FARMS, INC.

Current Principal Place of Business:

8624 LITHIA PINECREST
LITHIA, FL 33547 US

New Principal Place of Business:

Current Mailing Address:

8624 LITHIA PINECREST RD
LITHIA, FL 33547

New Mailing Address:

FEI Number: 59-3235537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNEY, PATRICIA J
8624 LITHIA PINECREST ROAD
LITHIA, FL 33547 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: P () Delete
Name: MCKINNEY, PATRICIA J
Address: 8624 LITHIA PINECREST ROAD
City-St-Zip: LITHIA, FL 33547

Title: V () Delete
Name: GIBSON, DANA M
Address: 10112 SEDGEBROOK DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: S () Delete
Name: GIBSON, TIM S
Address: 10112 SEDGEBROOK DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: V () Delete
Name: ATCHISON, BILLY W
Address: P.O. BOX
City-St-Zip: LITHIA, FL 33547 US

Title: V () Delete
Name: ATCHISON, KATHLINDA
Address: 808 OLD WELCOME ROAD
City-St-Zip: LITHIA, FL 33547 US

Title: V (X) Delete
Name: ATCHISON, TIM E
Address: 9921 COUNTRY CARRIAGE CIRCLE
City-St-Zip: RIVERVIEW, FL 33569 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PATRICIA J. MCKINNEY

PRES

04/21/2005

Electronic Signature of Signing Officer or Director

Date