2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000034875

Entity Name: EL CARON FARMS, INC.

FILED Jan 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

24429 N.W. 94TH AVENUE 24203 N.W. 94TH AVENUE HIGH SPRINGS, FL 32615 ALACHUA, FL 32615

Current Mailing Address: New Mailing Address:

24429 N.W. 94TH AVENUE 9119 NW SR 45 HIGH SPRINGS, FL 32615 ALACHUA, FL 32615

FEI Number: 59-3380439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIS, MARCIA DAVIS, MARCIA 9119 SR 45 DAVIS, MARCIA 9119 NW SR 45

HIGH SPRINGS, FL 32643 US HIGH SPRINGS, FL 32643 US

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: 01/21/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: VP (X) Change () Addition

 Name:
 DAVIS, RONALD N
 Name:
 DAVIS, RONALD N

 Address:
 24429 N.W. 94 AVENUE
 Address:
 24203 N.W. 94 AVENUE

City-St-Zip: ALACHUA, FL City-St-Zip: ALACHUA, FL

 Name:
 DAVIS, CAROL
 Name:
 DAVIS, CAROL

 Address:
 24429 NW 94 AVE
 Address:
 24203 NW 94 AVE

 City-St-Zip:
 ALACHUA, FL 32615
 City-St-Zip:
 ALACHUA, FL 32615

 Name:
 DAVIS, MARCIA
 Name:
 DAVIS, MARCIA

 Address:
 24429 NW 94 AVE
 Address:
 9119 NW SR 45

City-St-Zip: ALACHUA, FL 32615 City-St-Zip: HIGH SPRINGS, FL 32643

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: MARCIA DAVIS P 01/21/2005