
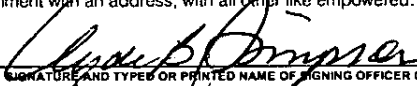


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 APR 27 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|----------------------|---------------------------------|--|--|-----------------------------------|
| DOCUMENT # P96000043696 | | | |  | |
| 1. Entity Name WILLOW POND FARM, INC. | | | | | |
| Principal Place of Business PO BOX 641 MONTICELLO, FL 32345 | | | Mailing Address PO BOX 641 MONTICELLO, FL 32345 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3387213 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SIMPSON, CLYDE B WEST LAKE RD. MONTICELLO, FL 32344 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SIMPSON, CLYDE B | | NAME | | |
| STREET ADDRESS | PO BOX 641 N/A | | STREET ADDRESS | | |
| CITY-ST-ZIP | MONTICELLO, FL 32345 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SIMPSON, S. TODD | | NAME | | |
| STREET ADDRESS | 96 WILLOW POND LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MONTICELLO, FL 32344 | | CITY-ST-ZIP | | |
| TITLE | VPST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SIMPSON, KIMBERLY C | | NAME | | |
| STREET ADDRESS | 96 WILLOW POND RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | MONTICELLO, FL 32344 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SIMPSON, JOSEPH A | | NAME | | |
| STREET ADDRESS | 96 WILLOW POND RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | MONTICELLO, FL 32344 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SIMPSON, MATTHEW W | | NAME | | |
| STREET ADDRESS | 398 WILLOW POND RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | MONTICELLO, FL 32344 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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:  | | | 4/27/06 850-997-0641 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |



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