2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 08:00 AM Secretary of State

ANNOAL REPORT				Secretary of State		
1. Entity Nam	MENT # P960000844 VES FAMILY FARM, INC.	175				
Principal Plac 2260 28TH NAPLES, FL	AVENUE S.E.	Mailing Address 2260 28TH AVENUE S.E. NAPLES, FL 34117			 1 mil suk sak katu sak sak	# CARL TOTAL CART CERT AND CONTROLS AND CONTROLS
D	O NOT WRITE		CE	02242005 4. FEI Number 59-340		CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BURROWES, JEANNE 2260 28TH AVENUE S.E. NAPLES, FL 33964			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 title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees						
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS			LI AGO	ied to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURROWES, PATRICK 2250 28TH AVENUE S.E. NAPLES, FL 34117	RECIONS			112/28/ 05	7245510 -8002 8 -014 15 0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BURROWES, JEANNE 2260 28TH AVENUE S.E. NAPLES, FL 341177					
NAME STREET ADDRESS CITY+ST-UP				_	NOT W	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SF	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS						

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25/05 239-455-269/