2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000002600

1. Entity Name
HEATH FARMS, INC.

Principal Place of Business	Mailing Address
4445 N.W. 79TH TERRACE RD. OCALA, FL 34474	P.O. BOX 1740 HIGH SPRINGS, FL 32655

DO NOT WRITE IN THIS SPACE

01242005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3464400	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BULLARD, J. WARREN
118 N.W. THIRD STREET
OCALA, FL 34475

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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 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees

U00000345583
04/30/05-80041-013 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	HEATH, BONNIE M III
STREET ADDRESS	7200 SE 22ND AVE.
CITY-ST-ZIP	OCALA, FL 34480
TITLE	STD
NAME	WELLBORN, HILLARY H
STREET ADDRESS	P.O. BOX 1740
CITY-ST-ZIP	HIGH SPRINGS, FL 32655
TITLE	V
NAME	PENNINGTON, HEATHER
STREET ADDRESS	7151 RUSTIC ACRES DR.
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Hillary H. Wellborn_   HILLARY H. WELLBORN   4/27/05   (386)454-3866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   /Date   Daytime Phone #