2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P97000027260 1. Entity Name EIGHTY-FIVE FARMS, INC. Principal Place of Business Mailing Address 2343 HWY 231 2343 HWY 231

FILED Apr 05, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

PANAMA CITY, FL 32405

04012004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MAULDEN, PATRIA F 2343 HWY 231 PANAMA CITY, FL 32405

PANAMA CITY, FL 32405

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plons of registered agent.	urpose of changing its registered of	office or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, a	nd accept
SIGNATURE_						
·	Signature, typed or printed name of registered agent and tills	repplicable, (NOTE: Registered Ag	ent signature	required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financin Trust Fund Contribution.	· □	\$5.00 May Be Added to Fees	U00000102281 04/05/04-80010-002 150.Q	- · · · · · · · · · · · · · · · · · · ·
10. OFFICERS AND DIRECTORS					<u> </u>	
TETLE	PD				•	
NAME	MAULDEN, JAMES W					
STREET ADDRESS						
City-st-zip	PANAMA CITY, FL 32405					
TILE	VPD				··-	
NAME	MAULDEN, PATRIA SS 3020 KINGS HARBOUR RD PANAMA CITY, FL 32405					
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	STD			•		
NAME	SIMMONS, DOROTHY F					
STREET ADDRESS	5 2923 KIRKWELL AVE HILAND PARK, FL 32405			DO NOT WRITE		
CITY-ST-ZIP						
साध				IN	THIS SPACE	
name				###	IIIIO OFACE	
STREET ADDRESS						
CATY-ST-ZAP						
THILE	-				- -	
NAME		1				
STREET ADDRESS		1				
CITY-ST-ZIP						
THEE				•	·- ·	
NAME		1				
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.

James w Maulden

CITY-ST-ZIP

JAMOS W. MAULDEN

Noslox