2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 01, 2006 08:00 AM DOCUMENT # P97000084986 **Secretary of State** R. MOORE FARMS, INC. Principal Place of Business Mailing Address 15869 ST RD 51 15869 ST RD 51 LIVE OAK, FL 32060 LIVE OAK, FL 32060 CR2E034 (11/05) 01292006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3470548 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOORE, RYAN DO NOT WRITE 19755 162ND STREET LIVE OAK, FL 32060 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE U000000415146 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 02/11/06-80068-019 150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE MOORE, REED KAME STREET ADDRESS 15408 193RD RD LIVE OAK, FL 32060 CITY-ST-ZIP TITLE MOORE, RYAN NAME 19755 162NO STREET STREET ADDRESS LIVE OAK, FL 32060 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS CDY-ST-7/P

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 affaichment with an address, with all other like empowered.

mle NAME STREET ADDRESS

CITY-ST-ZIP

Laboration Control