2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 23, 2004 08:00 AM Secretary of State DOCUMEN # P97000098679 1. Entity Name CRAB CREEK ROAD FARMS, INC. Principal Place of Business Mailing Address 21524 NW 94TH AVENUE ONE SE THIRD AVE., 28 FLOOR ALACHUA, FL 32615 ATTN: HENRY RAATTAL MIAMI, FL 33131 01092004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2361768 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAATTAMA, HENRY H JR DO NOT WRITE ONE SE THIRD AVENUE 28TH FLOOR MIAMI, FL 33131 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees U000000011192 OFFICERS AND DIRECTORS 10. TITLE CLARK, CHRISTINA H NAME STREET ADDRESS 21524 NW 94TH AVE CITY-ST-ZIP ALACHUA, FL 32615 TITLE CLARK, FRED 21524 NW 94TH AVE STREET ADDRESS CITY+ST-ZIP ALACHUA, FL 32615 RAATTAMA JR, HENRY NAME STREET ADDRESS ONE SE 3RD AVENUE, 28TH FLOOR DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33131 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 thus the 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 abdress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED