


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000067139
1. Entity Name
SAND RIVER FARMS, INC.



Principal Place of Business Mailing Address
1801 KENT ROAD **1801 KENT ROAD**
CHIPLEY, FL 32428 **CHIPLEY, FL 32428**

DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3525940 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BATEMAN, LISA M
1801 KENT ROAD
CHIPLEY, FL 32428

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7. 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: Lisa M. Bateman DATE: 4-20-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) 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**

000000326694
04/25/05-80007-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BATEMAN, LISA M 1801 KENT ROAD CHIPLEY, FL 32428
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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)(f), 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: Lisa M. Bateman Date: 4-20-05 Daytime Phone #: 850-638-7851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #