


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000102646
1. Entity Name
ALBRITTON FARMS, INC.



Principal Place of Business
3820 PEANUT ROAD
COTTONDALE, FL 32431

Mailing Address
3820 PEANUT ROAD
COTTONDALE, FL 32431

DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3547476	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANEY, ROGER L III
1378 N RAILROAD AVE
CHIPLEY, FL 32428

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRITTON, JEFFREY S 3820 PEANUT ROAD COTTONDALE, FL 32431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALBRITTON, FAYE 3820 PEANUT ROAD COTTONDALE, FL 32431
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05/04/06-80109-016 150.00

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IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE: Scott Albritton 4/21/06 850-352-4795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #