


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000001518
 1. Entity Name
 UNITED HAY SALES, INC.



Principal Place of Business
 4380 NW BLITCHTON RD.
 OCALA, FL 34482

Mailing Address
 4380 NW BLITCHTON RD.
 OCALA, FL 34482



07122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3569918	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
 FREDA, TERESA A
 4380 NW BLITCHTON RD
 OCALA, FL 34482

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREDA, TERESA A 4380 NW BLITCHTON RD. OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CREWS, MILTON T 4380 NW BLITCHTON RD. OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CREWS, ALMA 4380 NW BLITCHTON RD. OCALA, FL 34482
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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)(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.

SIGNATURE: *Teresa A. Freda* PRES Date: 7-16-05 (352) 402-9950
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #