
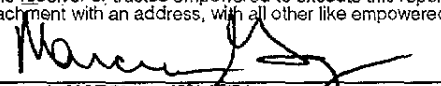


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000022460</b> 1. Entity Name <b>FAIRLANE FARMS FEED MILL, INC.</b>					
Principal Place of Business <b>3120 FAIRLANE FARMS RD WELLINGTON FL 33414</b>			Mailing Address <b>3120 FAIRLANE FARMS RD WELLINGTON FL 33414</b>		
2. Principal Place of Business _____ Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____			3. Mailing Address _____ Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		
4. FEI Number <b>65-0920575</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GOERG, MARCUS 8637 TOURMALINE BLVD. BOYNTON BEACH FL 33437</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOERG, MARCUS 8637 TOURMALINE BLVD. BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GOERG, CANDACE 8637 TOURMALINE BLVD BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GARRETT, DELANEY 41A ESSEX CT ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>Marcus Goerg</b> <b>1/28/05</b> <b>561-753-1184</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0920575**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOERG, MARCUS  
8637 TOURMALINE BLVD.  
BOYNTON BEACH FL 33437

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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Signature, typed or printed name of registered agent, and title if applicable

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DATE

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Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #