2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

ANNOAL REPORT						Secretary of State			
DOCUMENT # P99000030990						Sec	iciaiy oi i	state	
1. Entity Nar	DNT FARMS, INC.								
*	orth activity, inc.								
Principal Place of Business Mailing Address									
7343 JOMEL DR. 7343 JOMEL DR.									
SPRING HILL, FL 34607 SPRING HILL, FL 34607			07		ļ				
						IN ANNIN ENGIN MUNIC MUNIC NO	ILI MEINE ICHN BUNE MINE 1811 I	USBURT II EROK	
2. Principal I	Place of Business	3. Mailing Address							
Suite, Apt. #, etc -		Suite, Apt #, etc		04262005	Chg-P	CR2E034 (10/03)			
City & State		City & State		4. FEI Numb			pplied For		
					59-35		N	ot Applicable	
Zip	Country	Zip			5. Certificati	e of Status Desired	S8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
EATON, ROBERT D				Name					
7343 JOMEL DRIVE				Street Address (PO Box Numb	er is Not Acceptabl	e)		
SPRING HILL, FL 34607									
(Спу			FL Zip Coo	le	
	e named entity submits this statementions of registered agent	ed office or register	ed agent, or bo	oth, in the State of Fi		and accept			
SIGNATURE.	Signature, typed or printed name of registered a	d Agent signature required	(when reinstaling)		DATE				
ELLE NOWILL EEE 19 4450 00 9. Election Campaign Financing \$5.00 May Re									
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55				.00 May Be ed to Fees				
10.	•	ND DIRECTORS	111.		ADDITIONS	CHANCES TO OCK	ICERS AND DIRECTOR	C IN1 1 1	
TITLE	P	Delete	TITLE		AUDITIONS	CHANGES TO OFF	☐ Change	Addition	
NAME	EATON, ROBERT D			ſ			_ S		
STREET ADDRESS	1 · · · · · · · · · · · · · · · · · · ·			ET ADDRESS					
CITY-ST-ZIP				· ST- ZIP		77777000	0040547770	· T Addition	
TITLE NAME	2000		TITLE NAMI	J		יטטטטט אר סכי/ מר	0342517□ ^{Change} -80059-004 13	IIIDIN □	
STREET ADDRESS	1		STRE	et address		077 237 03	00000-004 13	20.00	
CITY-ST-ZIP			CITY	-ST-ZIP			- <u>-</u>	·	
TITLE NAME		Delete -	TITLE	l			☐ Change	Addition	
STREET ADDRESS			NAM STHE	ET AUDRESS				ļ	
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Defete	TITLE				☐ Change	☐ Addilion	
NAME CITECT ADDRESS			NAMI	}				ļ	
STREET ADDRESS CITY-ST-ZIP				ST-ZIP				Ì	
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME					. [
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP				ļ	
TITLE	 	☐ Delete	ŤITI F				☐ Change	Addition	
NAME			NAME	1				_	
STREET ADDRESS CITY+ST+ZIP			•	ST-ZIP				}	
	Certify that the information supplied a	with this filling does not qualify to			otion 119 07(3)	(i) Florida Statuton	Lighter cartiful that the in	formation	
12. I hereby certify that the information supplied with this filing does not quality 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 m Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: X ROLL X									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #									