


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000070051 1. Entity Name SHADYBROOK FARM, INC.	
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Principal Place of Business 15455 WEST HIGHWAY 326 MORRISTON, FL 32668	Mailing Address 15455 WEST HIGHWAY 326 MORRISTON, FL 32668
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DO NOT WRITE IN THIS SPACE

06152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3591933	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ORTIZ, GEORGE ESQ. 1515 E SILVER SPRINGS BLVD. SUITE 128 OCALA, FL 34470
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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	PD YATES, MICHAEL 15455 WEST HIGHWAY 326 MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD YATES, GEORGIE 15455 WEST HIGHWAY 326 MORRISTON, FL 32668
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06/20/05-80001-027 550.00

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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: Georgie Yates 6/15/05 352-521-0519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #