

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90569 001 ***150.00

DOCUMENT # P99000098612						
1. Entity Name LITHIA FARMS INC.						
Principal Place of Business P.O. BOX 957 FORT MC COY, FL 32134		Mailing Address P.O. BOX 957 FORT MC COY, FL 32134				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		02182005 Chg-P CR2E034 (10/03)		
Zip		Country		4. FEI Number 59-3353471		
				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			7. Name and Address of New Registered Agent			
BENNETT, DOYLE R. 15320 N E 237TH PL FORT MC COY, FL 32134			Name			
			Street Address (P.O. Box Number is Not Acceptable) 15980 N.E. 239th PL.			
			City Ft. McCoy		FL	Zip Code 32134
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 reappointing) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BENNETT, DOYLE R	NAME				
STREET ADDRESS	15320 NE 237TH PL	STREET ADDRESS				
CITY-ST-ZIP	FORT MC COY, FL 32134	CITY-ST-ZIP				
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	YOUNG, CHRISTOPHER	NAME				
STREET ADDRESS	15320 N E 237TH PL	STREET ADDRESS				
CITY-ST-ZIP	FORT MC COY, FL 32134	CITY-ST-ZIP				
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BENNETT, JEAN	NAME				
STREET ADDRESS	15320 N E 237TH PL	STREET ADDRESS				
CITY-ST-ZIP	FORT MC COY, FL 32134	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
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CITY-ST-ZIP		CITY-ST-ZIP				
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NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
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, 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 filers empowered.						
SIGNATURE: 		4/18/05		352-546-2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		

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