


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # S58184 1. Entity Name TRIANGLE B FARMS, INC.	
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Principal Place of Business MISSISSIPPI 2776 LITTLE ROCK DECATUR RD DECATUR, MS 39327 US	Mailing Address 2116 BEELINE ROAD DECATUR, MS 39327 US
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01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3072406	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 DRASTO, WILLIAM 33 N LAKESHORE BLVD LAKE WALES, FL 33853	DO NOT WRITE IN THIS SPACE
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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 \$150.00
After May 1, 2005 Fee will be \$550.00

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

000000217775
02/07/05-80038-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BROWN, ROGER R. 2116 BEELINE ROAD DECATUR, MS 39327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, MARGIE L 2116 BEELINE RD DECATUR, MS 39327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, BRADD S. 7995 HANNAH RD. WINSTON, GA 30187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JEFFREY TODD 2776 LITTLE ROCK/DECATUR ROAD DECATUR, MS 39327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:  **Roger R Brown** 2-2-05 601-635-5775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #