

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 08:00 AM
Secretary of State

DOCUMENT # S66719	
1. Entity Name HALCYON HAMMOCK FARMS, INC.	

Principal Place of Business ALT 27A @ C32 BRONSON, FL 32621	Mailing Address P.O. BOX 503 BRONSON, FL 32621
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SEARCY, DIANE H.
HWY 27A @ C32
BRONSON, FL 32621**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV HATCH, HAROLD S. III P O BOX 503, ALT 27A @ C32 BRONSON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SEARCY, DIANE H. P.O. BOX 9, ALT 27A @ 32C BRONSON, FL 32621
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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07/01/05-80002-003 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Diane H. Searcy S/T 6/30/05 352-486-3120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #