## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 14, 2005 08:00 AM **DOCUMENT # S68908 Secretary of State** 1. Entity Name ASTIN FARMS, INC. Principal Place of Business Mailing Address 3402 S SAM ASTIN RD PO BOX 3837 PLANT CITY, FL 33567 PLANT CITY, FL 33563 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0278097 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GARDNER, J. STEPHEN DO NOT WRITE 220 S FRANKLIN ST TAMPA, FL 33602 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campalgn Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE ASTIN, SAM, III STREET ADDRESS 3402 SAM ASTIN RD PLANT CITY, FL CITY-ST-ZIP VP U00000180564 TITLE ASTIN, SAM, JR. 01/14/05-80010-021 150.00 NAME STREET ADDRESS 3402 SAM ASTIN RD CITY-ST-ZIP PLANT CITY, FL TITLE ASTIN, BETTY STREET ADDRESS 3402 SAM ASTIN RD DO NOT WRITE CITY-ST-ZIP PLANT CITY, FL TITLE IN THIS SPACE STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 all other the empowered.

SIGNATURE: -

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASTITE Jan 11-2005 813

813-620-8448

**FILED** 

Daytime Phone #