2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with

SIGNATURE:

Jan 12, 2004 08:00 AM Secretary of State DOCUMENT # S71250 1. Entity Name BARNETT FARMS, INC. Principal Place of Business Mailing Address P.O. BOX 340 1400 CR 830 A FELDA, FL 33930 IMMOKALEE, FL 34143 LIS 01072004 No Chg-P GB2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0284591 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARNETT, JEFF DO NOT WRITE 1113 11TH ST N IMMOKALEE, FL 33934 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_ DATE non-state, fyined or granted some of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. HHLE NAME BARNETT, JEFF 1454 RIVERBEND DR STREET ADDRESS GHY-ST-ZIP LABELLE, FL 33935 THLE U00000002038 01/12/04-88036-003 150.00 NAME STREET ADDRESS CITY ST-ZIP BILL NAME STREET ADDRESS DO NOT WRITE CHY ST ZIP IN THIS SPACE THILE NAME STREET ADDRESS CHY-ST ZIP MAME STREET ADDRESS CITY ST-ZIP HHE NAME STREET ADDRESS CHY-ST-ZIP 12. I nereby 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

OFFICER OR DIRECTOR

FILED