

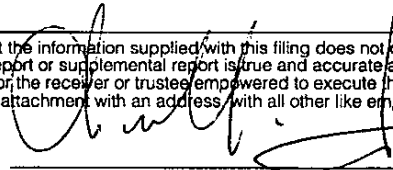


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # S93374</b> 1. Entity Name <b>FARMERS FINANCIAL SERVICES, INC.</b>						FILED 05 MAY 10 PM 12:46 FORT LANE, FLA. TALLAHASSEE, FLORIDA 	
Principal Place of Business 2880 NW SECOND AVENUE BLDG. 4 BOCA RATON, FL 33431 US				Mailing Address 2880 NW SECOND AVENUE BLDG. 4 BOCA RATON, FL 33431 US			
2. Principal Place of Business		3. Mailing Address		05022005 Chg-P CR2E034 (10/03)		4. FEI Number <b>65-0292758</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
City & State		City & State		City & State		City & State	
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>VICKERY, CHARLES E.</b> <b>2880 NW SECOND AVENUE</b> <b>BUILDING 4</b> <b>BOCA RATON, FL 33431</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$ 150.00</b> <b>Due by May 1, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>VICKERY, CHARLES</b> <b>6021 VIA VENETIA N.</b> <b>DELRAY BEACH, FL 33484</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTS</b> <b>VICKERY LISA</b> <b>6021 VIA VENETIA N.</b> <b>DELRAY BEACH, FL 33484</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900054739719</b> <b>05/18/05--01046--016 **400.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>GUARDIA, ADRIANA</b> <b>7314 BRUNSWICK CIRCLE</b> <b>BOCA RATON, FL 33434</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 all other like empowered.							
<b>SIGNATURE:</b>  <b>Charles Vickery President 5/1/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							