* 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 08:00 AM Secretary of State

Daytime Phone #

Date

1. Entity Nam	MENT # V29669 MONS FARMS, INC.				Secret	ary of State
Principal Place 5108 SOUTH PLANT CITY,	I MUD LAKE RO.	Mailing Address 5108 SOUTH MUD LAKE RD. PLANT CITY, FL 33567		1 (FFW) 8/(8/6 (10/15 f		NI JUNIO SE GOLDO SE SEGUIDO SE S
		12 July 12 Jul				
D	O NOT WRITE I	N THIS SPA	CE	02132006 N 4. FEI Number 59-3162603 5. Certificate of Sta	3	CR2E034 (11/05) Applied For Not Applicab \$8.75 Additional Foe Required
5108 SOU	6. Name and Address of Current Regi E. W., JR. TH MUD LAKE RD. TY, FL 33567	DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the ions of registered agent.	purpose of changing its register) ed office or register	ed agent, or both, in t	he State of Florid	ta. I am familiar with, and accep
SIGNATURE	S'imature, typed or printed name of registered agent and thi	e il applicable (NOTE Registere	d Agent signature required	when reinstating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		OO May Be ed to Fees		
TO. TITLE NAME SIRELI ADORESS GITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	OFFICERS AND DIRE DP SIMMONS, E. W., JR. 5108 S. MUD LAKE RD. PLANT CITY, FL DS SIMMONS, E W III 5180 S. MUD LAKE RD. PLANT CITY, FL 33567	CTORS		ú	110000041 7237 0 6-81	0620 3 0001-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS		·			OT WF IS SPA	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					-	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•					
12. Thereby of indicated of the corp changed,	rertify that the information supplied with this on this report or supplemental report is true poration or the receiver of rustee empowers or on an attachment with an address, with a	filing does not qualify for the exe and accurate and that my signal ad to execute this report as requi all other like empowered.	emptions contained ture shall have the s red by Chapter 607	in Chapter 119, Floring ame legal effect as if , Florida Statutes; and	de Statutes. I fur made under oath I that my name ap /	ther certify that the information n; that I am an officer or director ppears in Block 10 or Block 11 if