2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Ross

SIGNATURE:

		EPURI (AH	ALL SE	Mar 30, 2006 08:00 AM
DOCUMENT # 277981 1. Entity Name				Secretary of State
1. C. TERR	RY FARMS, INC.			
Principal Place of Business Mailing Address		Mailing Address	···········	
112 SW TERRY TERR. LAKE CITY FL 32024 US		112 SW TERRY TERR. LAKE CITY FL 32024 US		
2. Principal Place of Business		3. Mailing Address		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-1100152 Applied For Not Applied by
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	nt Registered Agent		7. Name and Address of New Registered Agent
TERRY, MADISON 112 SW TERRY TERR. LAKE CITY FL 32024			Name	<u> </u>
			Street Ad	dress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	named entity submits this statement lions of registered agent.	for the purpose of changing it	s registered office or r	egistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature typed or profiled figure of registered ago	nit and little if applicable (NO	78 Registered Agent signatur	required when ronstating) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550. k Payable to Floride Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P TERRY, JAMES I 112 SW TERRY TERR. LAKE CITY FL 32024	Deteto	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000485085 □ Change □ Addition 04/12/06-80070-012 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VP TERRY, MADISON ROSS 112 SW TERRY TERR. LAKE CITY FL 32024	☐ Deleta	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addillon
TITLE NAME SIREEI ADDRESS CITY-SI-ZIP	S TERRY, EARL WILLIAM 112 SW TERRY TERR. LAKE CITY FL 32024	☐ Octob	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Dalete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ISTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cetele	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	IVILE NAME STREET ADDRESS CSTY-ST-IP	☐ Change ☐ Addition
indicated of the co	t on this report or supplemental repo	rt is true and accurate and that mpowered to execute this rep	my signature shall ha on as required by Cha	ontained in Section 119, Florida Statutes, I further certify that the information tive the same legal effect as if made under oath, that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

FILED

3-26-06 386-752-0996