


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90006 044 ***150.00

DOCUMENT # 271484
 1. Entity Name
FARM CITY INC



Principal Place of Business Mailing Address
 1610 ATLANTA AVENUE 1610 ATLANTA AVENUE
 ORLANDO FL 32806 ORLANDO FL 32806

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



4. FEI Number **59-1006494** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ADAMS, WALTER
 60 W MCCORMICK RD
 APOPKA FL 32703

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	ADAMS, WALTER	
STREET ADDRESS	60 W. MCCORMICK RD.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIEMER, MICHAEL G	
STREET ADDRESS	2606 S. TANNER RD.	
CITY-ST-ZIP	ORLANDO FL 32820	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, SUSAN	
STREET ADDRESS	60 W. MCCORMICK RD.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Walter Adams* WALTER ADAMS 1/20/05 407-843-7470
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #