

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 317911

1. Entity Name
CORAL HILLS FARMS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 26 AM 8:00

Principal Place of Business
1340 GOLF POINT LOOP
APOPKA FL 32712

Mailing Address
1340 GOLF POINT LOOP
APOPKA FL 32712

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



MOORE CR2E034 (11/03)

MRS

4. FEI Number **59-1217434**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DEVITA, PHILIP A.
1340 GOLF POINT LOOP
APOPKA FL 32712

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **DEVITA, PHILIP A.**
STREET ADDRESS **1340 GOLF POINT LOOP**
CITY-ST-ZIP **APOPKA FL 32712**

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** Delete
NAME **DEVITA, JILL M**
STREET ADDRESS **1340 GOLF POINT LOOP**
CITY-ST-ZIP **APOPKA FL 32712**

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** Delete
NAME **DEVITA, PHILIP J**
STREET ADDRESS **1340 GOLF POINT LOOP**
CITY-ST-ZIP **APOPKA FL 32712**

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Delete
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Change 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: *Philip A. Devita* **Philip A. Devita, Secy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04 **407-889-2424**
Date Daytime Phone #