

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # 644348

1. Entity Name

GERONIMO FARMS, INC.



Principal Place of Business

**14185 STARKEY RD
DELRAY BEACH FL 33446**

Mailing Address

**14185 STARKEY RD
DELRAY BEACH FL 33446**

2. Principal Place of Business

Suite, Apt #, etc.

3. Mailing Address

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2075724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**O'BRYANT, ELVA H
3010 SALERNO WAY
DELRAY BEACH FL 33445**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PSM ☐ Delete
NAME O'BRYANT, ELVA H
STREET ADDRESS 3010 SALERNO WAY
CITY-ST-ZIP DELRAY BCH, FL 00000

TITLE V ☐ Delete
NAME O'BRYANT, MICHAEL B
STREET ADDRESS 9561 AFFIRMED LANE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE V ☐ Delete
NAME O'BRYANT, PATRICK L.
STREET ADDRESS 3050 SALERNO WAY
CITY-ST-ZIP DELRAY BEACH, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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)(f), 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:

Elva H. O'Bryant, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/05
Date

561-498-5177
Daytime Phone #