

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G64987**  
 1. Entity Name  
**THE LINER FARM, INC.**



Principal Place of Business  
 4020 PACKARD AVE  
 POB 701369  
 ST CLOUD, FL 34770-8369

Mailing Address  
 4020 PACKARD AVE  
 POB 701369  
 ST CLOUD, FL 34770-8369



**DO NOT WRITE IN THIS SPACE**

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2372897** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BIGGAR, DAVID, M, JR**  
**4020 PACKARD AVE**  
**ST. CLOUD, FL 34772**

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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: *David M Biggar Jr* **PRESIDENT** 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 \$350.00**

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

**TO: OFFICERS AND DIRECTORS**

TITLE	<b>DPT</b>
NAME	<b>BIGGAR, DAVID M JR</b>
STREET ADDRESS	<b>14231 LK MARY JANE RD</b>
CITY-ST-CP	<b>ORLANDO, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-CP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-CP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-CP	

U00000102690  
 04/05/04-80026-007 150.00

**DO NOT WRITE IN THIS SPACE**

10. I hereby certify that the information reported with this filing is true and accurate and that the information stated in Sections 618-620(1)(a), Florida Statutes, is true and accurate and 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 617, Florida Statutes, and that my name appears in Block 7B or Block 7F if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *David M Biggar Jr* **1-7-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #