


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # G72465 1. Entity Name ADRIAN C. FLETCHER FARMS, INC.	
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Principal Place of Business 3612 JUNIPER RD QUINCY, FL 32351	Mailing Address POST OFFICE BOX 70 GREENSBORO, FL 32330-0070
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2354576	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

01122004 Chg-P CR2E034 (10/03)

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



6. Name and Address of Current Registered Agent VICE, PATRICIA F 3612 JUNIPER RD. QUINCY, FL 32351		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000040878 02/09/04-80055-016 150.00
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VICE, PATRICIA F			NAME			
STREET ADDRESS	3612 JUNIPER RD.			STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 32351			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRIDGES, JANET F			NAME			
STREET ADDRESS	128 MATTHEW CLARK RD			STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 32351			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FENN, ROSALYN F			NAME			
STREET ADDRESS	1372 PROVIDENCE RD.			STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 32351			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLETCHER, A. CLARK			NAME			
STREET ADDRESS	511 HOPKINS LANDING RD			STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 32351			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, GLENDA F			NAME			
STREET ADDRESS	338 HOLMES BLVD.			STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Patricia F. Vice Patricia F. Vice 1/13/04 850 442-6434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #