


**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90041 021 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # G72465**  
 1. Entity Name  
**ADRIAN C. FLETCHER FARMS, INC.**



20000000

Principal Place of Business  
 3612 JUNIPER RD  
 QUINCY, FL 32351

Mailing Address  
 POST OFFICE BOX 70  
 GREENSBORO, FL 32330-0070



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2354576**

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$850.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VICE, PATRICIA F
STREET ADDRESS	3612 JUNIPER RD.
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	SD
NAME	BRIDGES, JANET F
STREET ADDRESS	128 MATTHEW CLARK RD
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	T
NAME	FENN, ROSALYN F
STREET ADDRESS	1372 PROVIDENCE RD.
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	D
NAME	FLETCHER, A. CLARK
STREET ADDRESS	511 HOPKINS LANDING RD
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	D
NAME	HALL, GLENDA F
STREET ADDRESS	338 HOLMES BLVD.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Patricia F Vice* **1/20/05** **850-442-6214**

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