

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H92545**

1. Entity Name  
**UNCLE DONALD'S FARM, INC.**



Principal Place of Business  
 2713 GRIFFIN AVENUE  
 LADY LAKE, FL 32159

Mailing Address  
 P.O. BOX 87  
 LADY LAKE, FL 32158



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-2617863 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

MORRIS, JEANETTE E.  
 2713 GRIFFIN AVENUE  
 LADY LAKE, FL 32159

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

00000129921  
 04/26/04-80097-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MORRIS, DONNA 2713 GRIFFIN AVE LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MORRIS, JEANETTE E P.O. BOX 87, GRIFFIN AVE. LADY LAKE, FL 32158
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MORRIS, ELIZABETH 2713 GRIFFIN AVENUE LADY LAKE, FL 32158
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MORRIS, WANDA 2713 GRIFFIN AVE LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: *Jeanette E Morris* **Jeanette E Morris** 4-21-04 (352) 703-8862  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #