

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000037051



1. Entity Name
 HIDDEN LARK FARM, INC.

Principal Place of Business
 4990 SW 7TH AVE. RD.
 OCALA, FL 34474

Mailing Address
 4990 SW 7TH AVE. RD.
 OCALA, FL 34474



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3717117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EGAN, CHRIS S ESQ
 20761 CHESTNUT ST.
 DUNNELLON, FL 34431

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 reinstating)

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

400000051605
 02/16/04-80058-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KRAUT, LISA ROBIN A 4990 SW 7TH AVE. RD. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRAUT, BRUCE H 4990 SW 7TH AVE. RD. OCALA, FL 34474
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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 supplied 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04
 Daytime Phone #