


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90020 032 ***150.00

DOCUMENT # P95000092332			
1. Entity Name TRIAD FARMS, INC.			
Principal Place of Business C/O TED B. EDWARDS 255 S. ORANGE AVE ORLANDO, FL 32804		Mailing Address C/O TED B. EDWARDS P.O. BOX 2254 ORLANDO, FL 32802-2254 US	
2. Principal Place of Business c/o W. Kelly Smith		3. Mailing Address c/o W. Kelly Smith	
Suite, Apt. #, etc. 255 S. Orange Ave., #800		Suite, Apt. #, etc. P.O. Box 2254	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32801		Country USA	
Country USA		Country USA	
6. Name and Address of Current Registered Agent EDWARDS, TED B 255 S. ORANGE AVENUE SUITE 800 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Edwards, Ted B. Street Address (P.O. Box Number is Not Acceptable) 111 N. Orange Avenue Suite 1800 City Orlando FL Zip Code 32801	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, GLEN A 921 VIRGINIA DRIVE WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, TED B. P.O BOX 2254 N/A ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edwards, Ted B. 111 N. Orange Avenue, Suite 1800 Orlando, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, WILLIAM N. P.O BOX 2254 N/A ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, W. KELLY P.O BOX 2254 N/A ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		By: <i>W. Kelly Smith</i> W. Kelly Smith Date: 2/16/04 Daytime Phone #: 407-843-7300	

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