

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90023 024 ***150.00



DOCUMENT # P97000049852

1. Entity Name

THE JUPITER FARMER, INC.

Principal Place of Business

P.O. BOX 2585
 JUPITER FL 33468

Mailing Address

P.O. BOX 2585
 JUPITER FL 33468

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E034 (11/03)

4. FEI Number **65-0770854**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RICE, JUDITH N
 11150 154TH RD N
 JUPITER FL 33478

7. Name and Address of New Registered Agent

Name Rice, Judith (no initial N)
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

3/11/04
 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	RICE, JUDITH	
STREET ADDRESS	11150 154TH RD N	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TAYLOR, LOIS	
STREET ADDRESS	17127 THUNDER RD	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	HICKMAN, NICOLE	
STREET ADDRESS	15360 118TH TERR N	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICE, JUDITH	
STREET ADDRESS	11150 154TH ROAD N	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CASHION, CLARENCE	
STREET ADDRESS	17390 N 125TH TERRACE	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Judith Rice*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/04 561-748-8486
 Date Daytime Phone #