


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90118 016 ***158.75

DOCUMENT # P98000042979		
1. Entity Name FARMERS MANUFACTURING ACQUISITION COMPANY, INC.		
Principal Place of Business 814 HAMMONDVILLE RD POMPANO BEACH, FL 33060	Mailing Address 814 HAMMONDVILLE RD POMPANO BEACH, FL 33060	

44047211



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07012004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent FORDE, ELIZABETH 814 HAMMONDRILLE RD POMPANO BEACH, FL 33060		7. Name and Address of New Registered Agent Name MORGAN REESER Street Address (P.O. Box Number is Not Acceptable) 814 HAMMONDVILLE ROAD City POMPANO BEACH FL Zip Code 33060	
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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: **MORGAN REESER, (P)** *[Signature]* DATE: **07/01/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REESER, DENNIS			NAME			
STREET ADDRESS	360 SOUTH WYMORE ROAD			STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REESER, DICK M			NAME			
STREET ADDRESS	2700 NE CENTER AVE			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FORDE, ELIZABETH			NAME			
STREET ADDRESS	814 HAMMONDVILLE RD			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33060			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REESER, MORGAN			NAME			
STREET ADDRESS	814 HAMMONVILLE RD			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33060			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **MORGAN REESER, (P)** *[Signature]* DATE: **7/01/2004** (954) 946-3066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR