


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90021 038 ***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	
2. Principal Place of Business		3. Mailing Address 911 E. Atlantic Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 107	
City & State		City & State Pompano Beach FL	
Zip	Country	Zip	Country
33060	USA	33060	USA
01052005		Chg-P	CR2E034 (10/03)
4. FEI Number 65-0834569		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REESER, MORGAN 814 HAMMONDRILLE RD POMPANO BEACH, FL 33060		7. Name and Address of New Registered Agent Name REESER, MORGAN Street Address (P.O. Box Number is Not Acceptable) 911 E. Atlantic Blvd, Suite 107 City Pompano Beach FL Zip Code 33060	
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 <u>MORGAN REESER</u> DATE <u>01/05/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	VD REESER, DENNIS 360 SOUTH WYMORE ROAD ALTAMONTE SPRINGS, FL 32714 <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 REESER, DICK M 2700 NE CENTER AVE FORT LAUDERDALE, FL 33308 <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	ST FORDE, ELIZABETH 814 HAMMONDVIKE RD POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 911 E. Atlantic Blvd, Suite 107 Pompano Beach FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REESER, MORGAN 814 HAMMONVILLE RD POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 911 E. Atlantic Blvd, Suite 107 Pompano Beach FL 33060
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: <u>MORGAN REESER</u>		01/05/2005 (954) 946-3066 x 201	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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