


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90006 004 \*\*\*150.00

<b>DOCUMENT # 429425</b> 1. Entity Name HILLANDALE FARMS OF FLA., INC.	
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Principal Place of Business HIGHWAY 41 NORTH P.O. BOX 2109 LAKE CITY FL 32056-1703 US	Mailing Address P.O. BOX 2109 <del>P.O. BOX 1703</del> LAKE CITY FL 32056-2109 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 2109 Suite, Apt. #, etc.
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City & State	City & State Lake City
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Zip	Country	Zip 32056-2109	Country
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MOORE CR2E034 (11/03)

4. FEI Number 59-1477816	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> HAZEN, JACK E. JR. US HWY 41 NORTH LAKE CITY FL 32055
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HAZEN, JACK E. RT 2 BOX 3074 STARKE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAZEN, JACK E. JR US HWY 41 NORTH LAKE CITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- HUNNICUTT, HOMER E JR 4004 RAINES RD BROOKSVILLE FL 34604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WARD, JO N SPRING HOLLOW BLVD LAKE CITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETHEL, ORLAND R. 16 WAVERLY DRIVE GREENSBURG PA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNNICUTT, HOMER JR 4004 RAINES ROAD BROOKSVILLE FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Jon N. Ward (Jon N. Ward) Date: 2/20/04 Daytime Phone #: (386) 397-1300