

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90218 023 ***150.00

DOCUMENT # N03000005851

1. Entity Name
IDLE HOUR FARM, INC.



Principal Place of Business
2978 PALM DEER DR
LOXAHATCHEE, FL 33470

Mailing Address
2978 PALM DEER DR
LOXAHATCHEE, FL 33470

14006528



04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0791177	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPILLANE, J. P.
12788 W FOREST HILL BLVD STE 2005
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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)

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	SIMMONS, ALLENE
STREET ADDRESS	2978 PALM DEER DR
CITY-ST-ZIP	LOXAHATCHEE, FL 33470

TITLE	DVT
NAME	PATTERSON, DON
STREET ADDRESS	2978 PALM DEER DR
CITY-ST-ZIP	LOXAHATCHEE, FL 33470

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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 *Alene Simmons*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 *561-383-7966*
Date Daytime Phone #