


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 201874 1. Entity Name S & M FARM SUPPLY, INC.	
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Principal Place of Business 13690 SW 248TH STREET P.O. BOX 4319 HOMESTEAD, FL 33032	Mailing Address 13690 SW 248TH STREET P.O. BOX 4319 HOMESTEAD, FL 33032
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DO NOT WRITE IN THIS SPACE



07252004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0801829	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, T JLEE, SR 13690 SW 248TH STREET PRINCETON, FL 33030	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature typed or printed name of registered agent and file if applicable</small>	<small>(NOTE: Registered Agent signature required when terminating)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 CR No. 15720	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	PD SMITH, T JLEE, JR 13690 SW 248TH STREET PRINCETON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARSH, TERRY D. 13690 SW 248 STREET PRINCETON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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08/09/04-80005-010 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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>T. JLEE SMITH, JR. PRESIDENT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>8/6/04</u>	Daytime Phone # <u>305-258-1445</u>
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