2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2004 08:00 AM Secretary of State **DOCUMENT #216719** THOMAS L. TATHAM FARM, INC. Principal Place of Business Mailing Address 53 SHORELAND DR. PO BOX 370398 KEY LARGO, FL 33037 KEY LARGO, FL 33037-0398 02052004 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0830285 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, MARLENE T. DO NOT WRITE 53 SHORELAND DR. KEY LARGO, FL 33037 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstation) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Feas 10. OFFICERS AND DIRECTORS PSD TITLE TAYLOR, MARLENE NAME STREET ADDRESS 53 SHORELAND DR. CITY-ST-ZIP KEY LARGO, FL 33037 U00000041410 02/09/04-80088-008 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TELLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

TITLE

STREET ADDRESS CITY-ST-ZIP