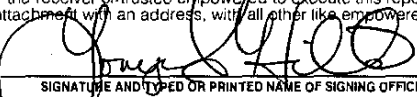


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90105 018 ***150.00

DOCUMENT # 287317 1. Entity Name SPENCER FARMS INC			
Principal Place of Business 405 9TH ST. NE P O BOX 1218 RUSKIN, FL 33570		Mailing Address 405 9TH ST. NE P O BOX 1218 RUSKIN, FL 33570	
2. Principal Place of Business 701 S. Howard Ave Suite, Apt. #, etc. Suite 106-335 City & State Tampa, FL Zip 33606 Country USA		3. Mailing Address 701 S. Howard Ave. Suite, Apt. #, etc. Suite 106-335 City & State Tampa, FL Zip 33606 Country USA	
4. FEI Number 59-1083634		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPENCER, WILLIAM H. 405 9TH ST. NE PO BX 1218 RUSKIN, FL 33570		7. Name and Address of New Registered Agent Name Tonya Hills Street Address (P.O. Box Number is Not Acceptable) 3400 W. Lawn Ave. City Tampa FL Zip Code 33611	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	PD SPENCER, W H 405 9TH ST NE PO BOX 1218 RUSKIN, FL 33570	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tonya Hills 3400 W. Lawn Ave Tampa, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William H. Spencer 701 S. Howard Ave., Suite 106-335 Tampa, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William H. Spencer 701 S. Howard Ave., Suite 106-335 Tampa, FL 33606
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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: 		Date 4-20-04 Daytime Phone # 813 363-3866	