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	Mailing Address
405 9TH ST. NE P O BOX 1218 RUSKIN, FL 33570	405 9TH ST. NE P O BOX 1218 RUSKIN, FL 33570

2. Principal Place of Business	3. Mailing Address
701 S. Howard Ave	701 S. Howard Ave.
Suite, Apt. #, etc.: Suite 106-335	Suite, Apt. #, etc.: Suite 106-335
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33606 Country: USA	Zip: 33606 Country: USA

03092004 Chg-P CR2E034 (10/03)

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 _____ 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

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 CT NE/PO BOX 1218~~ 701 S. Howard Ave. St. 106-335 ~~RUSKIN, FL 33570~~ Tampa, FL 33606	☐ Delete	VP Tonya Hills 3400 W. Lawn Ave Tampa, FL 33611	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	PD William H. Spencer 701 S. Howard Ave., Suite 106-335 Tampa, FL 33606	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Tonya Hills 4-20-04 813 363-3866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #