

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 315237 1. Entity Name BISCHOFF FARMS INC	
---	---

Principal Place of Business 414 E. REVELS RD. HOWEY-IN-THE-HILLS, FL 34737 US	Mailing Address 414 E. REVELS RD. HOWEY-IN-THE-HILLS, FL 34737 US
---	---



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1206212	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RONALD K. BISCHOFF
414 E. REVELS RD.
HOWEY-IN-THE-HILLS, FL 34737**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	PTD
NAME	BISCHOFF, RONALD K
STREET ADDRESS	414 E. REVELS RD.
CITY- ST- ZIP	HOWEY-IN-THE-HILLS, FL

TITLE	SD
NAME	BISCHOFF, JULIA
STREET ADDRESS	2 MAGNOLIA LANE
CITY- ST- ZIP	YALAHUA, FL

TITLE	AS
NAME	BISCHOFF, ANN
STREET ADDRESS	414 E. REVELS RD.
CITY- ST- ZIP	HOWEY-IN-THE-HILLS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000150729
05/04/04-80019-005 150.00

**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)(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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronald K. Bischoff / 4/29/04 352 406 2004