2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 15, 2004 08:00 AM Secretary of State **DOCUMENT # 373905** 1. Entity Name F. T. SPENCER FARMS, INC. Principal Place of Business Mailing Address 3681 KINDLEWOOD DR 3681 KINDLEWOOD DR MIDDLEBURG, FL 32068 US... MIDDLEBURG, FL 32068 03202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FELNumber 59-1311899 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRANK T. SPENCER DO NOT WRITE 3681 KINDLEWOOD DR MIDDLEBURG, FL 32068 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. (am familiar with, and accent the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS HILE **DPS** U00000114422 04/15/04-80049-007 150.00 SPENCER, FRANK MAM: 3681 KINDLEWOOD DR STREET ADDRESS MIDDLEBURG, FL 32068 CITY-ST-ZIP DDE SPENCER, FRANK NAME 3681 KINDLEWOOD DR STREET ADDRESS 01Y-51-21P MIDDLEBURG, FL 32068 BILL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-7/P HILE MANE

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes I further certify that the information indicated on this report or supplemental report is true and accurate and thar 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 point 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 emgayered.

SIGNATURE: -

STREET ADDRESS CITY-ST-ZIP THELE MAME STREET ADDRESS CITY-ST-7IP

MIGNING OFFICER OR DIRECTOR

FILED

President