

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90025 004 ***150.00

DOCUMENT # 401566

1. Entity Name

IRISH ACRES FARM, INC.



Principal Place of Business

8400 N W US HWY 441
OCALA FL 34475
US

Mailing Address

8400 N W US HWY 441
OCALA FL 34475
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1407614

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURRY, LANDIS, JR.
21 NE 1ST AVE
OCALA FL 32670

7. Name and Address of New Registered Agent

Name

MARGARET A. HICKEY

Street Address (P.O. Box Number is Not Acceptable)

8400 N. U.S. HWY 441

City

OCALA

FL

Zip Code
34475

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

Margaret A. Hickey

MARGARET A. HICKEY

2/23/04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HICKEY, MARGARET ANN ☐ Delete
STREET ADDRESS 21 NE 1ST AVE.
CITY-ST-ZIP Ocala FL

TITLE D
NAME MCKENNA, KATHLEEN ☐ Delete
STREET ADDRESS 8400 N. U.S. HIGHWAY 441
CITY-ST-ZIP Ocala FL

TITLE DS
NAME ABSTON, PATRICIA-A ☐ Delete
STREET ADDRESS 8400 N US HWY 441
CITY-ST-ZIP Ocala FL 34475

TITLE T
NAME HICKEY, MARGARET ANN ☐ Delete
STREET ADDRESS 21 NE 1ST AVE
CITY-ST-ZIP Ocala FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Margaret A. Hickey

MARGARET A. HICKEY

2/23/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #