

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Amended

04-05-2004 90079013 ****65.00
425171

DOCUMENT # 425171

1. Entity Name

FARMER BROTHERS OF TAMPA, INC.



FILED

04 APR 19 AM 9: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business

7004 CAUSEWAY BLVD
TAMPA FL 33619
US

Mailing Address

12925 GRAND TRAVERSE DR
DADE CITY FL 33525
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

59-1468352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARMER, NANCY
12925 GRAND TRAVERSE DR
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 ☒ Delete
NAME FARMER, JACKIE
STREET ADDRESS 12925 GRAND TRAVERSE DR
CITY-ST-ZIP DADE CITY FL 33525

TITLE VD ☐ Delete
NAME FARMER, JERRY
STREET ADDRESS 1706 WILLIAMS RD.
CITY-ST-ZIP PLANT CITY FL

TITLE ST ☐ Delete
NAME FARMER, NANCY
STREET ADDRESS 12925 GRAND TRAVERSE DR
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition
NAME Nancy Farmer
STREET ADDRESS 12925 Grand Traverse Dr
CITY-ST-ZIP Dade City, FL 33525

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

TITLE ST ☒ Change ☒ Addition
NAME Sharlene Farmer
STREET ADDRESS 3208 W. Lawn Ave.
CITY-ST-ZIP Tampa FL 33611

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Nancy Farmer Nancy Farmer

3-30-04 (813) 623-4679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #