2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 561250

1. Entity Name
REYNOLDS FARMS, INC.

Principal Place of Business	Mailing Address
521 LAKE FRANCIS ROAD LAKE PLACID, FL 33852	521 LAKE FRANCIS ROAD LAKE PLACID, FL 33852

01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1881023
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, CHARLES JR
521 LAKE FRANCIS ROAD
LAKE PLACID, FL 33852

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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

TITLE	PD
NAME	REYNOLDS, C.L.
STREET ADDRESS	521 LAKE FRANCIS RD.
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	D
NAME	REYNOLDS, ELOISE
STREET ADDRESS	521 LAKE FRANCIS RD.
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	STD
NAME	REYNOLDS, CHARLES L.,JR
STREET ADDRESS	80 BEAR PT. LN.
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	VD
NAME	REYNOLDS, TERRY L
STREET ADDRESS	106 BODENHAM RD
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	STD
NAME	BULLARD, BARBAR ANN(ASST
STREET ADDRESS	112 BODENHAM RD
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/04-80063-025 150.00

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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: Barbara Ann Bullard 1-22-04 863-465-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #