


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90023 006 ***150.00

DOCUMENT # 626580	
1. Entity Name D. & H. FARMS, INC.	

Principal Place of Business 711 FOX GATE PLANT CITY, FL 33563 US	Mailing Address 711 FOX GATE PLANT CITY, FL 33563 US
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2. Principal Place of Business 3600 Holladay Road	3. Mailing Address 3600 Holladay Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Holladay, TN	City & State Holladay, TN
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Zip 38341	Country USA	Zip 38341	Country USA
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03092004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1917235	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DYKSTRA, VERNON E., JR. 711 FOX GATE PLANT CITY, FL 33563	

7. Name and Address of New Registered Agent	
Name James R. Shump	
Street Address (P.O. Box Number is Not Acceptable) 807 N. Clark Street	
City Plant City	FL Zip Code 33563

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: *James R. Shump* **James R. Shump** 3/10/04
Signature, typed or printed name of registered agent and date 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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DYKSTRA, VERNON E., JR. 711 FOX GATE PLANT CITY, FL 33563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYKSTRA, SHERRI L. 711 FOX GATE PLANT CITY, FL 33563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DYKSTRA, DUSTIN R 711 FOX GATE PLANT CITY, FL 33563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DYKSTRA, DARRY E 711 FOX GATE PLANT CITY, FL 33563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3600 Holladay Road Holladay, TN 38341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3600 Holladay Road Holladay, TN 38341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **3-11-04** **813-478-9157**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #