

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90261 017 ***150.00

DOCUMENT # 648767

1. Entity Name
FARMER BOY, INC.



Principal Place of Business
**2129 DREW STREET
CLEARWATER, FL 34625-3217**

Mailing Address
**2129 DREW STREET
CLEARWATER, FL 34625-3217**

200430010



01082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1956745

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CONSTANTINOU, CHRIS
1430 MAPLE FOREST DR.
CLEARWATER, FL 34625**

**DO NOT WRITE
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. 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONSTANTINOU, CHRIS
STREET ADDRESS	1430 MAPLE FOREST DR.
CITY-ST-ZIP	CLEARWATER, FL
TITLE	VD
NAME	CONSTANTINOU, DINO
STREET ADDRESS	44 PINWOOD CIRCLE
CITY-ST-ZIP	SAFETY HARBOR, FL
TITLE	ST
NAME	CONSTANTINOU, CHRIS
STREET ADDRESS	1430 MAPLE FOREST DR.
CITY-ST-ZIP	CLEARWATER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *CHRIS CONSTANTINOU*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 *727-447-1733*
Date Daytime Phone #