

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90003 034 ***150.00

DOCUMENT # 679010

1. Entity Name
G. T. WARREN FARMS, INC.



Principal Place of Business
14125 ST RD 71 SOUTH
P.O. BOX 309
BLOUNTSTOWN, FL 32424

Mailing Address
14125 ST RD 71 SOUTH
P.O. BOX 309
BLOUNTSTOWN, FL 32424

54068717



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08022004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2011227

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARREN, GLENN T. JR.
~~XXXXXXX~~ **14125 ST RD 71 S.**
BLOUNTSTOWN, FL 32424

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 _____ 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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV** Delete
 NAME **WARREN, GLENN T, JR**
 STREET ADDRESS **HWY 71 SOUTH**
 CITY-ST-ZIP **BLOUNTSTOWN, FL**

TITLE **President** Change Addition
 NAME **Glenn T. Warren Jr**
 STREET ADDRESS **14125 ST RD 71 S**
 CITY-ST-ZIP **Blountstown, FL 32424**

TITLE **STD** Delete
 NAME **WARREN, MARGARET B**
 STREET ADDRESS **HWY 71 SOUTH**
 CITY-ST-ZIP **BLOUNTSTOWN, FL**

TITLE **Vice President** Change Addition
 NAME **Steven L. Warren**
 STREET ADDRESS **14125 ST RD 71 S**
 CITY-ST-ZIP **Blountstown, FL 32424**

TITLE **DP** Delete
 NAME **WARREN, GLENN T, SR**
 STREET ADDRESS **HWY 71 SOUTH**
 CITY-ST-ZIP **BLOUNTSTOWN, FK**

TITLE **Secretary/Treasury** Change Addition
 NAME **Margaret B. Warren**
 STREET ADDRESS **14125 St RD 71 S**
 CITY-ST-ZIP **Blountstown, FL 32424**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: *Margaret B. Warren* **Margaret B. Warren** **8-10-04** **850-674-8159**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #