

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 680209	
1. Entity Name SILVER MOUNTAIN FARMS, INC.	

Principal Place of Business % R. A. RILEY P.O. BOX 398 FROSTPROOF FL 33843	Mailing Address % R. A. RILEY P.O. BOX 398 FROSTPROOF FL 33843
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E034 (11/03)

4. FEI Number 59-2025700	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RILEY, R.A. U.S. 27-A SOUTH FROSTPROOF FL 33843

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete D MOREY, SARAH R 1230 ALBERTA STREET LONGWOOD, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete D RILEY, EUGENE S 9403 NAVIES DR HUNTSVILLE AL 35803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete PTD RILEY, R A 1330 US 27-A SOUTH FROSTPROOF, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete VD RILEY, R A JR 100 BROAD ST CLEMSON SC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete S RILEY, VIOLA 1330 US 27-A SOUTH FROSTPROOF FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U00000017270 01/28/04-80089-002 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: *Silver Mtn Farms, RA Riley Pres* *RA Riley* *1/22/04* *863-635-3287*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #