

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90239 015 ***150.00

DOCUMENT # 681494 1. Entity Name MISTY OAKS FARM, INC.			
Principal Place of Business 4109 W. RIVERSIDE DRIVE FT. MYERS, FL 33901 US		Mailing Address 4109 W. RIVERSIDE DRIVE FT. MYERS, FL 33901 US	
2. Principal Place of Business 15100 HARBOUR ISLE DR. Suite, Apt. #, etc. #601		3. Mailing Address 15100 HARBOUR ISLE DR. Suite, Apt. #, etc. #601	
City & State FORT MYERS, FL Zip 33908 Country US		City & State FORT MYERS, FL Zip 33908 Country US	
6. Name and Address of Current Registered Agent WAGGONER, PAUL 5400 PINE ISLAND RD STE D BOKEELIA, FL 33922		7. Name and Address of New Registered Agent 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 _____ (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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KERVER, WILLIAM R 4109 W. RIVERSIDE DRIVE FT. MYERS, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15100 HARBOUR ISLE DR. #601 FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KERVER, NANCY F 4109 W. RIVERSIDE DRIVE FT. MYERS, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15100 HARBOUR ISLE DR. #601 FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <u>WILLIAM R. KERVER</u> 4/14/04 239-275-3312 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			