2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 726184

1. Entity Name

STEPPIN' STONE FARM, INC.



FILED Jan 22, 2004 08:00 AM Secretary of State

Principal Place of Business

8421 PRITCHER ROAD. LITHIA, FL 33547 Malling Address

8421 PRITCHER ROAD. LITHIA, FL 33547



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEI Number | Applied For 23-7348139 | Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHURCHILL, CYNTHIA S 8421 PRITCHER ROAD LITHIA. FL 33547

LITHIA, FL 33547

DO NOT WRITE IN THIS SPACE

| * | | | | | |
|--|--|---|---------------|---------------------------------------|---|
| | tions of registered agent. | purpose of changing its registered | d office or r | egistered agent, or bo | oth, in the State of Fiorida. I am familiar with, and accep |
| | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | required when reinstating) | DATE |
| | Filing Fee is \$61.25 Due by May 1, 2004 | Election Campaign Financ Trust Fund Contribution. | ing 🖂 | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIRECTORS | | | | L |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KEISER, EDWARD H JR 6102 LAWNCREST PLACE DOVER, FL 33527 | | | | |
| TITLE NAME Street Address City-St-Zip | JUPITER, FL 33477 SD LOEBER, ROBERT | | | | U00000010102 01/22/04-80018-005 70.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WESTLAKE, ROBERT 4110 CONCORD WAY PLANT CITY, FL 33567 | | IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE VAME STREET ADDRESS CITY-ST-ZIP | | | | | |

12. I hereby certify that the information supplied with this filling 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFFE

1-19-04

813-650-8700

Daytime Phone #