

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832050

FILED
Apr 21, 2004
Secretary of State

Entity Name: DOLLAR FARM PRODUCTS CO., INC.

Current Principal Place of Business:

P. O. BOX 68
1001 DOTHAN ROAD
BAINBRIDGE, GA 39818 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 68
1001 DOTHAN ROAD
BAINBRIDGE, GA 39818 US

New Mailing Address:

FEI Number: 58-0862224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANE, ROBERT B.
325 JOHN KNOX ROAD, 100-E
TALLAHASSEE, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOLLAR, TOMMY,
Address: PO BOX 68 1001 DOTHAN RD
City-St-Zip: BAINBRIDGE, GA

Title: VP () Delete
Name: COHEN, ROBERT M,
Address: PO BOX 632., 222 CLIFTON ST.
City-St-Zip: BRINSON, GA 31725

Title: ST () Delete
Name: HADAR, TAMARA D
Address: 136 HORSESHOE RD
City-St-Zip: BAINBRIDGE, GA 31717

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOLLAR, TOMMY,
Address: PO BOX 68 1001 DOTHAN RD
City-St-Zip: BAINBRIDGE, GA 39818

Title: VP (X) Change () Addition
Name: COHEN, ROBERT M,
Address: PO BOX 632., 222 CLIFTON ST.
City-St-Zip: BRINSON, GA 39825

Title: ST (X) Change () Addition
Name: HADAR, TAMARA D
Address: 136 HORSESHOE RD
City-St-Zip: BAINBRIDGE, GA 39817

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. COHEN

VP

04/21/2004

Electronic Signature of Signing Officer or Director

_____ Date