


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F00000002210 1. Entity Name MCCALL FARMS OF SOUTH CAROLINA, INC.	
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Principal Place of Business 6615 SOUTH IRBY STREET EFFINGHAM, SC 29541	Mailing Address 6615 SOUTH IRBY STREET EFFINGHAM, SC 29541
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04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-0363473	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. **\$5.00** May Be Added to Fees

U00000135928
04/28/04-80075-014 150:00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD SWINK, HENRY 6615 SOUTH IRBY STREET EFFINGHAM, SC 29541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SWINK, MARION 6615 SOUTH IRBY STREET EFFINGHAM, SC 29541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SWINK, JAMES 903 GREENWAY DRIVE FLORENCE, SC 29501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWINK, HARRIETT 6615 SOUTH IRBY STREET EFFINGHAM, SC 29541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Henry Swink **Henry Swink** 4/26/04 843-62-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #