

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90231 025 \*\*\*150.00

**DOCUMENT # F00000003694**

1. Entity Name  
**PAIR-A-DICE FARMS, INC.**



Principal Place of Business

~~564 STATE RT 160~~ **409 Walnut St**  
HIGHLAND, IL 62249

Mailing Address

~~564 STATE RT 160~~ **409 Walnut St.**  
HIGHLAND, IL 62249

**94074526**



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**37-0983613**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

MESSERSMITH, FRANK S  
18 GULF BREEZE DR.  
CRAWFORDVILLE, FL 32327

**DO NOT WRITE  
IN THIS SPACE**

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**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CPS  
FREY, J.R.  
~~564 STATE RT 160~~ **409 Walnut St.**  
HIGHLAND, IL 62249

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
FREY, VICTORIA  
~~564 STATE RT 160~~ **409 Walnut St.**  
HIGHLAND, IL 62249

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
ALLER, MARY  
409 WALNUT ST.  
HIGHLAND, IL 62249

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*J.R. Frey*  
**J.R. Frey, President**

**J.R. FREY**

**4/15/04**

**772-530-3756**

Date

Daytime Phone #