

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90292 047 ***150.00

DOCUMENT # F12858

1. Entity Name

FAIRGROUND FARMS, INC.



Principal Place of Business

~~970 N. CONGRESS AVE.~~
WEST PALM BEACH FL 33409
US

Mailing Address

~~970 N. CONGRESS AVE.~~
WEST PALM BEACH FL 33409
US

2. Principal Place of Business

1000 NORTH CONGRESS AVE.

Suite, Apt. #, etc.
SUITE H

City & State
WEST PALM BEACH, FL

Zip
33409

Country

3. Mailing Address

1000 NORTH CONGRESS AVE.

Suite, Apt. #, etc.
SUITE H

City & State
WEST PALM BEACH, FL

Zip
33409

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-2134077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUDE, HARALD

~~970 N. CONGRESS AVE.~~
WEST PALM BEACH FL 33409

Name
DUDE, HARALD

Street Address (P.O. Box Number is Not Acceptable)

1000 NORTH CONGRESS AVENUE, SUITE H

City
WEST PALM BEACH

FL

Zip Code
33409

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

HARALD DUDE, PRESIDENT APRIL 20, 2004

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

D
DUDE, HARALD
~~970 N. CONGRESS AVE.~~
WEST PALM BEACH FL 33409

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D, P
DUDE, HARALD
1000 NORTH CONGRESS AVENUE, SUITE H
WEST PALM BEACH, FL 33409

☒ Change ☐ Addition

TITLE
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HARALD DUDE, PRESIDENT APRIL 20, 2004 (561) 712-4622