


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90018 028 ***150.00

DOCUMENT # F57148			
1. Entity Name PLEASANT FARMS, INC.			
Principal Place of Business 25246 SUNRISE HILLS ROAD 131 WEST MAIN STREET HOWEY IN THE HILLS FL 34737 US		Mailing Address C/O DAVID E. CAUTHEN 131 WEST MAIN STREET TAVARES FL 32778-3809	
2. Principal Place of Business <i>25246 SUNRISE HILL RD.</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>-</i>		Suite, Apt. #, etc.	
City & State <i>HOWEY, FL</i>		City & State	
Zip <i>34737</i>	Country <i>LAKE</i>	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 01-0378510		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAUTHEN, DAVID E. 131 WEST MAIN STREET TAVARES FL		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DETERT, HENRY W 25246 SUNRISE HILL RD. HOWEY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DETERT, HENRY W 25246 SUNRISE HILL RD. HOWEY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 W. Detert *2/3/04* 332-324-2667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #