


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F59934
 1. Entity Name
CONSOLIDATED FEED & SUPPLY CO., INC.



Principal Place of Business 633 HWY 90 WEST PO BOX 1449 DEFUNIAK SPRINGS, FL 32435-8449 US	Maining Address HWY 90 WEST PO BOX 1449 DEFUNIAK SPRINGS, FL 32435-8449 US
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04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2160271	Added for Not Added
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 BUTTS, R BRUCE
 633 HWY 90 W
 P O BOX 1449
 DEFUNIAK SPRINGS, FL 32435

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 qualifications of registered agent.

SIGNATURE _____

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	PSTD BUTTS, R BRUCE 730 CIRCLE DR DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD FRIZZELL, ARTHUR W 325 TWIN LAKES DR DEFUNIAK SPRINGS, FL 32433
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 04/30/04-80009-019 158.75

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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)(c), Florida Statutes. I further certify that the information indicated on this report or supplement report is true and accurate and that my signature shall have the same legal effect as I 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 authority to be empowered.

SIGNATURE: *[Handwritten Signatures]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR