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Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90072 047 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000003127

1. Entity Name
HAMPSHIRE FARMS, INC.

Principal Place of Business	Mailing Address
PO BOX 2386 ~~2 TODD FARM, KINGHILL RD.~~ NEW LONDON, NH 03257	PO BOX 2386 ~~2 TODD FARM, KINGHILL RD.~~ NEW LONDON, NH 03257

02282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
68 Todd Farm Lane	PO Box 2386
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New London NH	City & State: New London NH
Zip: 03257 Country: USA	Zip: ~~NH~~ 03257 Country: USA

4. FEI Number: 04-3357438 ☐ 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
MCCAIN, GENE 25 SAN MARCO COURT PALM COAST, FL 32137	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: CP NAME: DINAN, JAMES M STREET ADDRESS: ~~2 TODD FARM, KINGHILL RD.~~ CITY-ST-ZIP: NEW LONDON, NH 03257	☐ Delete	TITLE NAME STREET ADDRESS: 68 Todd Farm Lane CITY-ST-ZIP	☒ Change ☐ Addition
TITLE: CV NAME: DINAN, JOSEPHINE STREET ADDRESS: ~~2 TODD FARM, KINGHILL RD.~~ CITY-ST-ZIP: NEW LONDON, NH 03257	☐ Delete	TITLE NAME STREET ADDRESS: 68 Todd Farm Lane CITY-ST-ZIP	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: James M Dinan JAMES M. DINAN 03/04/04 603-763-9298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #