

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90211 031 \*\*\*150.00

<b>DOCUMENT # F99000004024</b>					
<b>1. Entity Name</b> <b>FARMERS' MARKET DRIVE-IN SHOPPING CENTERS, INC.</b>					
<b>Principal Place of Business</b> 191 W. NATIONWIDE BLVD. SUITE 200 COLUMBUS, OH 43215-2568			<b>Mailing Address</b> 191 W. NATIONWIDE BLVD. SUITE 200 COLUMBUS, OH 43215-2568		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 31-0654849	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  HUTCHENS, BRETT 7045 SOUTH TAMiami TRAIL SARASOTA, FL 34231				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT. BENSON, FRANK S III 191 W. NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BENSON, FRANK S III 191 W NATIONWIDE BLVD., STE 200 COLUMBUS, OH 43215-2568 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CASTO, DON M III 191 W. NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CASTO, DON M III 191 W NATIONWIDE BLVD., STE. 200 COLUMBUS, OH 43215-2568 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, NANCY C 191 W. NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568 <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	D CASTO, WILLIAM G 191 W. NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTO, WILLIAM G. 399 TAYLOR BLVD., #103 PLEASANT HILL, CA 94523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, ANN C 191 W. NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568 <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	D WIBBELSMAN, NANCY B 191 W. NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DON M. CASTO, III 4/27/04 614-228-5331 <small>Date Daytime Phone #</small>		