


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 09, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # G36230</b><br>1. Entity Name<br><b>SELWAY FARMS, INC.</b> |  |
|---|---|

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|--|--|
| Principal Place of Business<br><b>6800 SELWAY STR.<br/>YALAHUA, FL 34797</b> | Mailing Address<br><b>6800 SELWAY STR.<br/>YALAHUA, FL 34797</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



03112004 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2293080</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

6. Name and Address of Current Registered Agent

**CYRUS, ROBERT R.  
214-A N. THIRD ST.  
LEESBURG, FL 34748**

**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 obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SELLERS, JOHN G., III<br>6344 POND APPLE ROAD<br>BOCA RATON, FL 33433  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>SELLERS, JOLYN<br>6344 POND APPLE ROAD<br>BOCA RATON, FL 33433          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>SELLERS, JOLYN<br>6344 POND APPLE ROAD<br>BOCA RATON, FL 33433          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>SELLERS, JOHN GRANT, IV<br>6344 POND APPLE ROAD<br>BOCA RATON, FL 33433 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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04/09/04-80012-011 150.00

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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:** John G. Sellers IV John G. Sellers IV 4-6-04 352-324-2435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #