2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 26, 2004 8:00 am Secretary of State

DOCUMENT # G93996					04-26-2004 91004 033 ***150.00			
HERRING FARM SUPPLY, INC.				04-26-2004 91	.004 033 ***1:	50.00		
Principal Place of Business % JERRY O'NEIL HERRING RT. 3, BOX 139 MADISON FL 32340		Mailing Address % JERRY O'NEIL HERRING RT. 3, BOX 139 MADISON FL 32340			Allı diğ ir bibir bibil bibil b	1 4 17 818 33881 17 1887		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE (CR2E034 (11/03	3)		
City & State		City & State		4. FEI Number 59-2388312		Applied For Not Applicable		
Zip	Country	Zip	Countr	ry	5. Certificate of Status Desired	□ \$8.75 Fee Re	Additional quired	
	6. Name and Address of Currer	nt Registered Agent	-		7. Name and Address of New Ro	egistered Agent		
	<u></u>		ľ	Name				
HERRING, JERRY O. RT. 3, BOX 110			-	Street Address (reet Address (P.O. Box Number is Not Acceptable)			
MAI	DISON FL 32340							
				City		FL Zip	Code	
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered	d office or register	ed agent, or both, in the State of Flo.	rida. I am familiar	with, and accept	
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE	E: Registered a	Agent signature required	when reinstating)	DATE		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2004 Fee will be \$550.00 k Payable to Florida Department				Election Campaign Final Trust Fund Contribution	n. 🗀 🧸	\$5.00 May Be Added to Fees	
Afte	r May 1, 2004 Fee will be \$550.06 k Payable to Florida Department OFFICERS AN	of State	11.			n. 🗀 🧸	Added to Fees	
Afte Make Chec	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department OFFICERS AN P HERRING, JERRY O'NEIL	of State	TITLE NAME	T ADDRESS	Trust Fund Contribution	n. 🗀 🧸	Added to Fees	
Make Chec 10. TITLE NAME STREET AUDRESS	P HERRING, JCUISE'S.	of State DIRECTORS	TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP	Trust Fund Contribution	CERS AND DIREC	Added to Fees CTORS IN 11 ange Addition	
Afte Make Chec 10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS	P HERRING, LOUISE S. RT 3 BOX 140 MADISON FL THERRING, LOUISE S. RT 3 BOX 140 MADISON FL S HERRING, CAROLYN H. RT-3 BOX 110	of State ID DIRECTORS Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	Trust Fund Contribution	n.	Added to Fees CTORS IN 11 ange Addition ange Addition	
Afte Make Chec 10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	May 1, 2004 Fee will be \$550.00 k Payable to Florida Department OFFICERS AN PHERRING, JERRY O'NEIL RT 3 BOX 110 MADISON FL THERRING, LOUISE S. RT 3 BOX 140 MADISON FL SHERRING, CAROLYN H. RT-3 BOX 110 MADISON FL VP HERRING, KENNETH C	of State ID DIRECTORS Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET NAME STREET	T ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP	Trust Fund Contribution	CERS AND DIREC	Added to Fees CTORS IN 11 ange Addition ange Addition	
Afte Make Chec 10. IIILE NAME STREET AUDRESS CITY-ST-ZIP IIITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	May 1, 2004 Fee will be \$550.00 k Payable to Florida Department OFFICERS AN P HERRING, JERRY O'NEIL RT 3 BOX 110 MADISON FL T HERRING, L'OUISE S. RT 3 BOX 140 MADISON FL S HERRING, CAROLYN H. RT-3 BOX 110 MADISON FL VP HERRING, KENNETH C RTE 3 BOX 145	of State ID DIRECTORS Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET TITLE NAME STREET STREET NAME STREET NAME STREET NAME STREET	T ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	Trust Fund Contribution	CERS AND DIREC	Added to Fees CTORS IN 11 ange Addition ange Addition ange Addition	
Make Chec 10. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	May 1, 2004 Fee will be \$550.00 k Payable to Florida Department OFFICERS AN P HERRING, JERRY O'NEIL RT 3 BOX 110 MADISON FL T HERRING, LOUISE S. RT 3 BOX 140 MADISON FL S HERRING, CAROLYN H. RT-3 BOX 110 MADISON FL VP HERRING, KENNETH C RTE 3 BOX 145 MADISON FL	of State ID DIRECTORS Delete Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET STREET	T ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	Trust Fund Contribution	CERS AND DIREC	Added to Fees CTORS IN 11 ange Addition ange Addition ange Addition ange 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

LOUISE 5 HEYPING SQUAL.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louise & Herry 4-23-04

850 929-4018

Daytime Phone #