


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90379 041 ***158.75

DOCUMENT # H31548			
1. Entity Name KATHERYN PENNINGTON FARMS, INC.			
Principal Place of Business 14 CONWAY CT PALM COAST, FL 32137		Mailing Address 14 CONWAY CT PALM COAST, FL 32137	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HOLBROOK, H. LEON 2301 INDEPENDENT SQUARE ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Betty Jo N Sansbury Street Address (P.O. Box Number, is Not Acceptable) 14 Conway Ct City Palm Coast FL Zip Code 32137	
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: Betty Jo N Sansbury Date: 4/9/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when resigning.)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: DUBOIS, PATRICIA C STREET ADDRESS: 16249 45TH ROAD CITY-ST-ZIP: WELLBORN, FL 32094	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change NAME: DuBois, Patricia N STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Addition
TITLE: SD NAME: BOUCHELLE, KAY N. STREET ADDRESS: 1906 N.W. 21ST ST CITY-ST-ZIP: GAINESVILLE, FL	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change NAME: VICE-PRESIDENT/DIRECTOR STREET ADDRESS: V/D CITY-ST-ZIP: ZIP CODE IS 32605	<input type="checkbox"/> Addition
TITLE: VD NAME: SANSBURY, BETTY JO STREET ADDRESS: 14 CONWAY COURT CITY-ST-ZIP: PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change NAME: Secretary/Treasurer/Director STREET ADDRESS: S/T/D CITY-ST-ZIP: Sansbury, Betty Jo N	<input type="checkbox"/> Addition
TITLE: VD NAME: CUMMINGS, KATHERYN E STREET ADDRESS: 1249 BELVEDERE AVE CITY-ST-ZIP: JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change NAME: CO-CLERK STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Addition
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 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 officers and directors.			
SIGNATURE: Betty Jo N Sansbury		Date: 4/9/04 (386) 447-7872	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	