


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90029 004 \*\*\*150.00

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # H39654</b><br>1. Entity Name<br><b>ARGWEN FARM, INC.</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>17205 LAKESHORE ROAD<br/>LUTZ FL 33558</b>  |   |  |  | Mailing Address<br><b>17205 LAKESHORE ROAD<br/>LUTZ FL 33558</b>   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address                         |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                        |  |  |  |
| City & State  |   | City & State                               |  |  |  |
| Zip   | Country   | Zip  | Country  |  |  |
| 4. FEI Number <b>59-2497985</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<br><br><b>PEDREGAL, ARTHUR JR.<br/>17205 LAKESHORE RD.<br/>LUTZ FL</b>  |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</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  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br><b>PEDREGAL, ARTHUR JR.<br/>17205 LAKESHORE RD.<br/>LUTZ FL</b> | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br><b>Pedregal, Frances A.<br/>17205 Lakeshore Rd.<br/>Lutz, FL 33558</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br><b>PEDREGAL, FRANCES A.<br/>17205 LAKESHORE RD.<br/>LUTZ FL</b> | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br><b>Thomas, Natalie P.<br/>5806 Cruiser Way<br/>Tampa, FL 33615</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DVP<br><b>PEDREGAL, ARTHUR J.</b>                                     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| 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>SIGNATURE: <u>Frances A. Pedregal</u> <u>Frances A. Pedregal</u> <u>2-27-04</u> <u>(813) 962-7883</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |  |  |  |