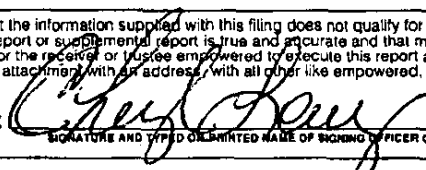


FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90047 018 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H86290 1. Entity Name D & M BULB FARM, INC.			
Principal Place of Business 188 HARRISON RD. LAKE PLACID, FL 33852 US		Mailing Address 188 HARRISON RD. LAKE PLACID, FL 33852 US	
DO NOT WRITE IN THIS SPACE			
		02052004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-2594828		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOWRY, CHERYL H 158 HARRISON RD LAKE PLACID, FL 33852		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDO HARRISON, DAVID P 156 HARRISON RD LAKE PLACID, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDO HARRISON, LENA G 158 HARRISON RD LAKE PLACID, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRO LOWRY, CHERYL 188 HARRISON RD LAKE PLACID, FL 33852		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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 807, 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: 		2/23/04 Date Day/mo Phone #	