2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Mar 11, 2004 08:00 AM **DOCUMENT # H94396 Secretary of State** 1. Entity Name JEMCO FARMS, INC. Principal Place of Business Mailing Address % JOHN E. MURRAY 941 S.W. 8TH ST. POMPANO BEACH FL 33069 % JOHN E. MURRAY 941 S.W. 8TH ST. POMPANO BEACH FL 33069 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 59-2619575 Not Applicable Zιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MURRAY, JOHN E. Street Address (P.O. Box Number is Not Acceptable) 941 S.W. 8TH ST. POMPANO BEACH FL 33069 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition ☐ Change TITLE Delete TITLE MURRAY, JOHN E. NAME NAME U00000085858 STREET ADDRESS 941 S.W. 8TH ST. STREET ADDRESS 03/11/04-80064-019 150.00 POMPANO BEACH FL CRY-ST-ZIP CITY - ST- ZIP Defete TITLE Change ☐ Addition सम्ब NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-7IP City - ST- ZIP ☐ Change Addition Delete DTLE TELLS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP Change 7878 F M Addition TETLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZiP 12. Thereby 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 eport 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 of trusfee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

John E. Murray

FILED

3-9-04 954-782-0951