


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90167 035 \*\*\*150.00

<b>DOCUMENT # J12469</b> 1. Entity Name ROGER HATTON FARMS, INC.	
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Principal Place of Business 2727 BACOM POINT RD. P.O. BOX 204 PAHOKEE, FL 33476-0204 US	Mailing Address 2727 BACON POINT RD P. O. BOX 204 PAHOKEE, FL 33476-0204 US
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02182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2679295	Applied For 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**

NOWICKI, MARK J.  
1155 U S HWY ONE, STE 302  
JUNO BCH., FL 33408

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	PD HATTON, ROGER C. 2727 BACOM POINT RD. PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONLEY, ADA BUSH 16502 SW MORGAN RD INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Ada Bush Conley Ada Bush Conley 4-26-04 541-924-5651  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #