


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90214 022 ***150.00

DOCUMENT # J13565	<i>never made a profit.</i>	
1. Entity Name RB COLLIER FARM CORPORATION		

Principal Place of Business 4500 SW CITRUS BLVD PALM CITY FL 34990 US	Mailing Address 4500 SW CITRUS BLVD PALM CITY FL 34990 US
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2. Principal Place of Business Suite, Apt. #, etc. <i>Fla</i>	3. Mailing Address Suite, Apt. #, etc. <i>See Above</i>
City & State <i>See Above</i>	City & State <i>See Above</i>
Zip <i>34990</i>	Country <i>USA</i>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent COLLIER, R.B. 4500 SW CITRUS BLVD PALM CITY FL 34990	
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4. FEI Number 59-2679805	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name: <i>Small Family Farm</i> Street Address (P.O. Box Number is Not Acceptable): <i>Lesing Money</i> City: <i>FL</i> Zip Code: <i>34990</i>	

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: *Small Family Farm* DATE: *5/5/04*

FILE NOW!!! FEE IS \$150.00 After May 7, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC COLLIER, R. B. 4500 S.W. CITRUS BLVD. PALM CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COLLIER, L. M. 4500 S.W. CITRUS BLVD. PALM CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <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)(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: *RB Collier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____