2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State
03-09-2004 90025 030 ***158.75

66409413

MOORE CR2E034 (11/03)

DOCUMENT # J36597

1. Entity Name
INTERCHANGE FARMS, INC.

Principal Place of Business	Mailing Address
% MICHAEL D. COUNCIL 405 9TH ST, PO BOX 1218 RUSKIN FL 33570	% MICHAEL D. COUNCIL ~~405 9TH ST, PO BOX 1218~~ ~~RUSKIN FL 33570~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4971 Bacopa Ln. S #801C Suite, Apt. #, etc. 801 C
City & State	City & State St. Petersburg FL
Zip / Country	Zip 33715 / Country PINELLAS

4. FEI Number 59-2740281 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COUNCIL, MICHAEL D. ~~405 9TH ST~~ 4971 Bacopa Ln. S. #801C ~~PO BOX 1218~~ ~~RUSKIN FL 33570~~ St Petersburg FL 33715	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SPENCER, WILLIAM H.	NAME	
STREET ADDRESS	~~807A BAHIA DEL SOL DR~~ 1910 14th Ave SE	STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL RUSKIN 33570	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COUNCIL, MICHAEL D.	NAME	
STREET ADDRESS	5715 BRIGMAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CURRIE, W.E., III.	NAME	
STREET ADDRESS	5815 N. DALE MABRY HWY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: [signature] 3/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #