


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90745 023 ***150.00

DOCUMENT # K24756	
1. Entity Name FLEMING'S FARM, INC.	

Principal Place of Business 6441 US 19 P.O. BOX 212 TERRA CEIA FL 34250-0212	Mailing Address PO BOX 445 TERRA CEIA FL 34250-0212
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2. Principal Place of Business 6441 US 19	3. Mailing Address PO Box 212
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TERRACEIA FL	City & State TERRACEIA FL
Zip 34250	Country manatee

4. FEI Number 65-0060908	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLEMING, GLENN 400 BAYSHORE DRIVE TERRA CEIA FL 34250	
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7. Name and Address of New Registered Agent Name R G Fleming Jr Street Address (P.O. Box Number is Not Acceptable) 746 TERRA CEIA RD PO Box 212 City TERRA CEIA FL Zip Code 34250	
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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 Robert Glenn Fleming Jr Signature, typed or printed name of registered agent and title if applicable.	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FLEMING, GLENN 400 BAYSHORE DRIVE TERRA CEIA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLEMING, R G JR 74 TERRA CEIA RD 746 TERRA CEIA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> 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.	
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SIGNATURE: Robert Glenn Fleming Jr SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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