


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # K50088	
1. Entity Name FAR AWAY FARM OF TALLAHASSEE, INC.	

Principal Place of Business 1442 DENHOLM DR. TALLAHASSEE FL 32312-2900	Mailing Address 1442 DENHOLM DR. TALLAHASSEE FL 32312-2900
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
DEE, MARTHA LOU 234 ROSEHILL DR N TALLAHASSEE FL 32312	

7. Name and Address of New Registered Agent	
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 _____ (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. <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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	DAVIS, MARTHA LEA	NAME	
STREET ADDRESS	3115 FIELD STONE LANE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	CITY-ST-ZIP	U000000014216 01/27/04-80014-014 150.00
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	DEE, MARTHA LOU	NAME	
STREET ADDRESS	1442 DENHOLM DR.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312-2900	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	DAVIS, ALAN	NAME	
STREET ADDRESS	959 CHAIRES CROSSROAD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PIZZITOLA, SUZANNE	NAME	
STREET ADDRESS	312 ENGLISH CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35209	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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)(f), 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 changed, or on an attachment with an address, with any other like empowered.

SIGNATURE: *Martha Davis Dee* **1/22/04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #