2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# L29891

Entity Name: FARMERS FEED, INC.

Current Principal Place of Business:

14648 7TH ST.
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

14648 7TH ST
DADE CITY, FL 33523 US

New Mailing Address:

FEI Number: 59-3027393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATTOX, DON
14648 7TH STREET
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

MATTOX, DON R MR.
14648 7TH STREET
DADE CITY, FL 33523 US

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.

SIGNATURE: MR. DON R. MATTOX 04/20/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: MATTOX, DON,
Address: 15834 JESSAMINE RD
City-St-Zip: DADE CITY, FL

Title: PD ( ) Delete
Name: MATTOX, PAMELA
Address: 15834 JESSAMINE RD
City-St-Zip: DADE CITY, FL

Title: VP ( ) Delete
Name: MATTOX, C
Address: 6132 IVY HILL LN
City-St-Zip: BROOKSVILLE, FL 34602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition
Name: MATTOX, DON
Address: 15834 JESSAMINE RD
City-St-Zip: DADE CITY, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MATTOX, C
Address: P.O. BOX 237
City-St-Zip: SAN ANTONIO, FL 33576

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM MATTOX P 04/20/2004
Electronic Signature of Signing Officer or Director Date