


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90073 039 ***150.00

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| DOCUMENT # L38207 |  |
| 1. Entity Name TOWN AND COUNTRY FARMS CORP. | |

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| Principal Place of Business 701 BRICKELL AVE. SUITE 1400 MIAMI FL 33131-2822 | Mailing Address 701 BRICKELL AVE. SUITE 1400 MIAMI FL 33131-2822 |
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24022062



MOORE CR2E034 (11/03)

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| 2. Principal Place of Business 703 Waterford Way | 3. Mailing Address 703 Waterford Way |
| Suite, Apt. #, etc. Suite 800 | Suite, Apt. #, etc. Suite 800 |
| City & State Miami, FL | City & State Miami, FL |
| Zip 33126 | Country |
| Zip 33126 | Country |

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|--|--|
| 4. FEI Number 65-0162021 | 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 PITTS, W. DOUGLAS 701 BRICKELL AVE. SUITE 1400 MIAMI FL 33131-2822 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 703 Waterford Way Suite 800 City Miami FL Zip Code 33126 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 | VD COURTELIS, LOUISE H 701 BRICKELL AVE, SUITE 1400 MIAMI FL 33131-2822 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD COURTELIS, KIKI L 701 BRICKELL AVE SUITE 1400 MIAMI FL 33131-2822 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PRIDGEN, DOUGLAS H. 701 BRICKELL AVE., #1400 MIAMI FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WERNETH, HILTON RT 1 BOX 624 MICANOPY 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 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 703 Waterford Way, Suite 800 Miami, FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 703 Waterford Way, Suite 800 Miami, FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 703 Waterford Way, Suite 800 Miami, FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 703 Waterford Way, Suite 800 Miami, FL 33126 |
| 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 |

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: *Douglas H. Pridgen* **3/3/04** **305-261-4330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #