

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90050 035 ***158.75

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01072005 Chg-P CR2E034 (10/03)

DOCUMENT # M03969 1. Entity Name B & H FEED AND FARM SUPPLY, INC.					
Principal Place of Business ROUTE 9, BOX 4514 LAKE CITY, FL 32024			Mailing Address ROUTE 9, BOX 4514 LAKE CITY, FL 32024		
2. Principal Place of Business 7975 SW STATE ROAD 47 Suite, Apt. #, etc.		3. Mailing Address 7975 SW STATE ROAD 47 Suite, Apt. #, etc.		4. FEI Number 59-2434578 Applied For <input type="checkbox"/> Not Applicable	
City & State LAKE CITY, FLORIDA		City & State LAKE CITY, FLORIDA			
Zip 32024		Zip 32024			
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRENNAN, ROBERT ROUTE 9, BOX 4514 LAKE CITY, FL 32024				7. Name and Address of New Registered Agent Name ROBERT BRENNAN Street Address (P.O. Box Number is Not Acceptable) 7975 SW STATE ROAD 47 City LAKE CITY FL Zip Code 32024	
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 BRENNAN DATE 2/3/05 <small>Signature of current registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRENNAN, ROBERT RT 2, BOX 358-A LAKE CITY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT BRENNAN 7975 SW STATE ROAD 47 LAKE CITY, FLORIDA 32024	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUFFMAN, JAMES F SR. RT 2, BOX 356-F LAKE CITY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*** MR. HUFFMAN PASSED AWAY ON 3/14/04	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRENNAN, CYNTHIA A RT 2, BOX 358-A LAKE CITY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CYNTHIA A. BRENNAN 7975 SW STATE ROAD 47 LAKE CITY, FLORIDA 32024	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRENNAN, JOHN ROUTE 2 BOX 358-A LAKE CITY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOHN BRENNAN 7975SW STATE ROAD 47 LAKE CITY, FLORIDA 32024	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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 or without other ill-empowered.					
SIGNATURE: CYNTHIA A. BRENNAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/3/05		Daytime Phone # 386-755-2556