


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State


03-12-2004 90033 042 ***150.00

DOCUMENT # M89245	
1. Entity Name BILL AND MARIA LONG FARM, INC.	

Principal Place of Business: 3535 N. MERDIAN RD. TALLAHASSEE FL 32312 US	Mailing Address 3535 N. MERDIAN RD. TALLAHASSEE FL 32312 US
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2. Principal Place of Business 3412 Remington Run Suite, Apt. #, etc.	3. Mailing Address 3412 Remington Run Suite, Apt. #, etc.
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City & State Tallahassee FL Zip 32312	Country Leon	City & State Tallahassee FL Zip 32312	Country Leon
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MOORE	CR2E034 (11/03)
4. FEI Number 59-2930729	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent LONG, WILLIAM D. 3535 N. MERDIN RD TALLAHASSEE FL 32312	7. Name and Address of New Registered Agent Name Long William D. agent SAME Street Address (P.O. Box Number is Not Acceptable) 3535 N. Meridian Rd address change ONLY 3412 Remington Run (NEW) City Tallahassee FL Zip Code 32312
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	D LONG, WILLIAM D. 3535 N MERIDIAN RD TALLAHASSEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	change address ONLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3412 Remington Run Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, MARIA L. 3535 N MERIDIAN ROAD TALLAHASSEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	change address only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3412 Remington Run Tallahassee, FL 32312
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
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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____