


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90042 037 ****61.25

DOCUMENT # N49730
1. Entity Name
OLD WIRE FARMS OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
**1468 SW HOMESTEAD CIR
FORT WHITE FL 32038
US** **1468 SW HOMESTEAD CIR
FORT WHITE FL 32038
US**

50026914



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
1468 SW HOMESTEAD CIR **1468 SW HOMESTEAD CIR**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FORT WHITE FL **FORT WHITE FL**
Zip Country Zip Country
32038 **USA** **32038** **USA**

4. FEI Number Applied For
59-3017220 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WILKINSON, JEANNETTE
1468 SW HOMESTEAD CIR.
FORT WHITE FL 32038**

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: *Jeannette Wilkinson* DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEATHERS, JULIUS C 441 SW HOMESTEAD CIR. FORT WHITE FL 32038	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLANCHARD, KAREN RT. 4, BOX 5797 FORT WHITE FL 32038	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILKINSON, JEANNETTE 1468 SW HOMESTEAD CIR. FORT WHITE FL 32038	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLANCHARD, KAREN 562 SW HOMESTEAD CIR FORT WHITE FL 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 617, 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: *Jeannette Wilkinson* 3-7-05 (386) 497-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #