

FILED

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04 JUL 21 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000027867					
1. Entity Name IRON CROSS FARMS, INC.					
Principal Place of Business 1487 MAYTOWN ROAD OAK HILL FL 32758			Mailing Address 1487 MAYTOWN ROAD OAK HILL FL 32758		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt. #, etc		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3634434	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HAUN, ROBERT S 303 WOOD ST. LAKE MARY FL 32746			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 _____ Signature must be printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when changing)					
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. ☐ \$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	President Robert S. HAUN, JR. 1467 Maytown Rd. Oak Hill, FL 32759		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition UD0000019235 01/29/04-80016-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Robert S. HAUN, JR. 1467 Maytown Rd. Oak Hill, FL 32759		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statute. 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 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, when an other file is submitted.					
SIGNATURE: Robert Haun Jr.			Date: 07/25/04 Phone: 306-3454070		



MOORE CR2E034 (11/03)

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