2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P01000004180 FARM LEASING, INC. Principal Place of Business Mailing Address 6401 E. 276TH ST. 6401 E. 276TH ST. ATLANTA, IN 46031 ATLANTA, IN 46031 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4 FEi Niember Applied For 35-1139823 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEINERS, LOUIS M JR. DO NOT WRITE 2598 L'ERMITAGE LANE NAPLES, FL 34105 IN THIS SPACE 3. 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 scent and title if applicable (NOTE, Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE BECK, LAWRENCE NAME 6401 E. 276TH ST. STREET ADDRESS CITY-ST-ZIP ATLANTA, IN 46031 Un000008150 01/20/04-80053-012 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-7IP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TOLF

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Lawrence C. Beak

1/15/04

-317-984-3508

FILED