

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90041 008 ***158.75

DOCUMENT # P01000028823

1. Entity Name
TOMOKA FARMS, INC.



Principal Place of Business
**7201 NW 11TH PLACE
GAINESVILLE, FL 32605**

Mailing Address
**7201 NW 11TH PLACE
ATTN LEGAL COMPLIANCE
GAINESVILLE, FL 32605**

94016193



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3706169	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PALMQUIST, JONATHAN B
7201 NW 11TH PLACE
GAINESVILLE, FL 32605**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHIVELY, WILLIAM J
STREET ADDRESS	7201 NW 11TH PLACE
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	S
NAME	PALMQUIST, JONATHAN
STREET ADDRESS	7201 WILL PLACE
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	T
NAME	SHEEKY, BRIAN
STREET ADDRESS	7201 NW 11 PLACE
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	CEOP
NAME	SHIVELY, WILLIAM
STREET ADDRESS	7201 GILL PLACE
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

Jonathan B Palmquist

2/4/04

352-332-8800