


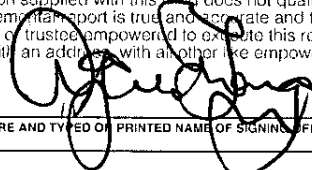


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90021 039 ***150.00

DOCUMENT # P01000036532 1. Entity Name GUPPY'S FARM, INCORPORATED					
Principal Place of Business 8330 S. HWY. 17-92, LOT #9 FERN PARK, FL 32730			Mailing Address 8330 S. HWY. 17-92, LOT #9 FERN PARK, FL 32730		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 			
4. FEI-Number 03-0387847				Applied For: <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CHENG, AGNES 8330 S. HWY. 17-92, LOT #9 FERN PARK, FL 32730			7. Name and Address of New Registered Agent Name CHENG AGNES Street Address (P.O. Box Number is Not Acceptable) 148 QUEEN MARY Dr. DAVENPORT City FL 33837 FL Zip Code 33837		
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 <u></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP CHENG, TAT FU 8330 S. HWY. 17-92, LOT #9 FERN PARK, FL 32730	<input type="checkbox"/> Delete		NAME STREET ADDRESS CITY-ST-ZIP	CHENG TAT FU 148 QUEEN MARY Dr. DAVENPORT FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHENG, AGNES 8330 S. HWY. 17-92, LOT #9 FERN PARK, FL 32730	<input type="checkbox"/> Delete		NAME STREET ADDRESS CITY-ST-ZIP	CHENG AGNES 148 QUEEN MARY Dr. DAVENPORT FL 33837
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
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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 another like empowered.					
SIGNATURE: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	