2004 FOR PROFIT CORPORATION

Apr 28, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P01000048947 1. Entity Name 04-28-2004 90243 029 ***150.00 GOD WINS FARM, INC. Principal Place of Business Mailing Address 9346 HWY 20 W NICEVILLE FL 32578 110 SUNSET COVE NICEVILLE FL 32578 24007672 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For 59-3740597 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEVEN HALL, STEVEN K Street Address (P.O. Box Number is Not Acceptable) 36468 EMERALD COAST PARKWAY SUITE 2101 DESTIN FL 32541 Commons Drive Fast 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 fail the obligations of registered agent SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Atter May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete SHERRY GRANT HALL Change Addition 4399 Commons Drive East Suite 300 TITLE HALL, SHERRY GRANT NAME NAME STREET ADDRESS 36468 EMERALD COAST PARKWAY SUITE 2101 STREET ADDRESS DESTIN FL 32541 CITY-ST-ZIP CITY-ST-ZIP 32541 TITLE D ☐ Oelete TITLE ☐ Change STEVEN K. HALL NAME 4399 Commons Drive East Suite 300 HALL, STEVEN K 36468 EMERALD COAST PARKWAY SUITE 2101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP TILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITCE ☐ Delete Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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1-22 U 64 850-837-91660
Daving Phone 8 SIGNATURE:

changed, or on an attachment with an address, with all other like empower