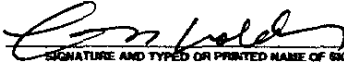


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90486 012 ***150.00

DOCUMENT # P01000055191 1. Entity Name AMERICAN FARM FINANCIAL, INC.					
Principal Place of Business 1726 CYPRESS CREEK RD. LUTZ, FL 33559			Mailing Address 26650 STATE HIGHWAY 54 LUTZ, FL 33559		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1726 Cypress Creek Rd			
City & State Lutz FL		4. FEI Number 59-3731737			
Zip 33559		Country FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLDING, DAVID C 26640 PLAYERS CIRCLE APT 13 LUTZ, FL 33559			7. Name and Address of New Registered Agent Name Wolding, Carlyle M. Street Address (P.O. Box Number is Not Acceptable) 1726 Cypress Creek Rd City Lutz FL Zip Code 33559		
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  Carlyle M. Wolding 04/22/04 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFI WOLDING, CARLYLE M 1726 CYPRESS CREEK ROAD LUTZ, FL 33559	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Wolding, Carlyle M. 1726 cypress creek rd Lutz FL 33559	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Caton, Ronald L. 1327 Haven Bend tampa FL 33613	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bowling, Jerry W. 29081 U.S. Hwy 19, Lot 58 Clearwater FL 33761	☐ 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)(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:  Carlyle M. Wolding 04/22/04 (813) 949-0987 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					