


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000092554	
1. Entity Name PARNELL-MADDOX FARMS, INC.	

Principal Place of Business 3629 PARNELL RD ZOLFO SPRINGS, FL 38890	Mailing Address 3629 PARNELL RD ZOLFO SPRINGS, FL 38890
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1144971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RHOADES, CLIFFORD R
227 NORTH RODGEWOOD DR
SEBRING, FL 33870**

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARNELL, GEORGE M 3629 PARNELL RD ZOLFO SPRINGS, FL 38890
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARNELL, VICKI L 3629 PARNELL RD ZOLFO SPRINGS, FL 38890
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MADDOX, DONALD E 1414 S HIGHLANDS AVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MADDOX, MARIA D 1414 S HIGHLANDS AVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/13/04-80012-007 158.75

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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: Vicki L. Parnell Sec/Treas 2-10-2004 863-452-1631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Vicki L. Parnell