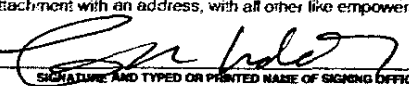


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90486 011 ***150.00

DOCUMENT # P01000099321 1. Entity Name AMFARM, INC.					
Principal Place of Business 1726 CYPRESS CREEK RD. LUTZ, FL 33559			Mailing Address 26650 STATE HWY 54 LUTZ, FL 33559		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1726 Cypress Creek Rd Suite, Apt. #, etc.			
City & State Lutz FL		City & State Lutz FL		4. FEI Number 65-1152627	
Zip 33559		Country Pasco		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 registering)					
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 PRES NAME WOLDING, DAVID C STREET ADDRESS 26640 PLAYERS CIRCLE #13 CITY-ST-ZIP LUTZ, FL 33559	☒ Delete		TITLE President NAME Wolding, Carlyle M. STREET ADDRESS 1726 cypress creek Rd CITY-ST-ZIP Lutz FL 33559	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE Vice President NAME Caton, Ronald L. STREET ADDRESS 1327 Haven Bend CITY-ST-ZIP Tampa FL 33613	☐ 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 (013) 949-0987 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

94066340



04222004 Chg-P CR2E034 (10/03)