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

94066340

04222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	1726 Cypress Creek Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Lutz Fl
Zip / Country	Zip: 33559 / Country: Pasco

4. FEI Number: 65-1152627 ☐ Applied For ☐ Not Applicable

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: [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) DATE

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	PRES WOLDING, DAVID C 26640 PLAYERS CIRCLE #13 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] Carlyle M. Wolding 04/22/04 (813) 949-0987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #