

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

06-20-2005 90002 017 \*\*\*555.00

<b>DOCUMENT # P01000108602</b> 1. Entity Name <b>FARNSWORTH SERVICES, INC.</b>					
Principal Place of Business <b>505 ST JOHNS AVE PALATKA, FL 32177</b>			Mailing Address <b>505 ST JOHNS AVE PALATKA, FL 32177</b>		
2. Principal Place of Business <b>700 Reid Street</b>		3. Mailing Address <b>P.O. Box 1217</b>			
Suite, Apt. #, etc. <b>Suite B</b>		Suite, Apt. #, etc.			
City & State <b>Palatka, FL</b>		City & State <b>Palatka, FL</b>		4. FEI Number <b>80-0011714</b>	
Zip <b>32177</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HILKER, STEPHEN E 505 ST JOHNS AVE PALATKA, FL 32177</b>			7. Name and Address of New Registered Agent Name <b>Stephen E. Hilker</b> Street Address (P.O. Box Number is Not Acceptable) <b>700 Reid Street</b> Suite B City <b>Palatka</b> <b>FL</b> Zip Code <b>32177</b>		
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 <b>Stephen E. Hilker</b> <span style="float: right;">June 17, 2005</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD HILKER, STEPHEN E <del>505 ST JOHNS AVE</del> 700 Reid St. Suite B PALATKA, FL 32177</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b>		<b>Stephen E. Hilker</b>		<b>June 17, 2005</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	