

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90073 021 ***150.00

DOCUMENT # P02000010219

1. Entity Name

MYRTLE CREEK FARM, INC.



Principal Place of Business

2184 TRAM RD.
WACISSA, FL 32361

Mailing Address

1744 ST. AUGUSTINE PL.
TALLAHASSEE, FL 32301

2. Principal Place of Business

3. Mailing Address

P.O. Box 107

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07282004

Chg-P

CR2E034 (10/03)

City & State

City & State

Wacissa, Fla.

4. FEI Number

83-0354612

Applied For

Not Applicable

Zip

Country

Zip

32361

Country

Jefferson

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, REBECCA
1744 ST. AUGUSTINE PL
TALLAHASSEE, FL 32301

Name

Rebecca Anderson

Street Address (P.O. Box Number is Not Acceptable)

2184 Tram Rd.

City

Wacissa

FL

Zip Code

32361

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

Rebecca Anderson

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ANDERSON, STEVE
STREET ADDRESS 1744 ST. AUGUSTINE PL
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☐ Delete
NAME ANDERSON, REBECCA
STREET ADDRESS 1744 ST. AUGUSTINE PL
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Steve Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Anderson 8-10-04/850-997-1659

Date

Daytime Phone #