


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000050849**  
1. Entity Name  
**HEIDI LYNN FARM, INC.**



Principal Place of Business <b>9451 NW 60TH AVE OCALA, FL 34482</b>	Mailing Address <b>9451 NW 60TH AVE OCALA, FL 34482</b>
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**DO NOT WRITE IN THIS SPACE**



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>13-1232923</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
  
**MOXLEY, JOHN  
2320 NE 2ND ST, STE 4  
OCALA, FL 34470**

**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.  **\$5.00** May Be Added to Fees

000000066720  
02/26/04-80026-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKHALTER, WALTER 9451 NW 60TH AVE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKHALTER, HEIDI 9451 NW 60TH AVE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALM, LYNN N 12345 BLACK RIVER RD BESSEMER, MI 49911
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITION-ROSSILLON, CYRIL N 12345 BLACK RIVER RD BESSEMER, MI 49911
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:** *[Signature]* **2/25/04** **352 629 3310**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #