## **2004 FOR PROFIT CORPORATION**

CSTY-ST-ZSP

SIGNATURE:

## **FILED** ~~ \_ ANNUAL REPORT Apr 22, 2004 08:00 AM Secretary of State DOCUMENT # P02000052280 COUNTY LINE HAY COMPANY, INC. Principal Place of Business Mailing Address PO BOX 669 PO BOX 669 LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 01202004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0692388 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASE, JERRY S DO NOT WRITE 13082 63RD LANE NORTH WEST PALM BEACH, FL 33412 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 100000123865 Trust Fund Contribution. Added to Fees 04/22/04-80021-019 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME CASE, JERRY S 13082 63RD LANE NORTH STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33412 TITLE HAME STREET ADORESS CITY-57-23P SAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TELE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZP TITLE NAME STREET ADORESS

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 his 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 fike ampowered.

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR