


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90027 023 \*\*\*150.00

<b>DOCUMENT # P02000062948</b>	
1. Entity Name <b>FARMABLE ENTERPRISES, INC.</b>	

Principal Place of Business <b>4807 S.W. 66TH WAY DAVIE, FL 33314</b>	Mailing Address <b>4807 S.W. 66TH WAY DAVIE, FL 33314</b>
--	--

04000010

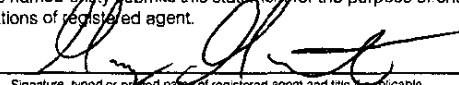
2. Principal Place of Business <b>7770 NW 33 Street</b>	3. Mailing Address <b>7770 NW 33 Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>DAVIE, FL</b>	City & State <b>DAVIE, FL 33024</b>
Zip <b>33024</b>	Country <b>USA</b>



03162004 Chg-P CR2E034 (10/03)

4. FEI Number <b>04-3690716</b> NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>GRANT, GUY WESLEY 4807 S.W. 66TH WAY DAVIE, FL 33314</b>		7. Name and Address of New Registered Agent Name <b>Grant, Guy Wesley</b> Street Address (P.O. Box Number is Not Acceptable) <b>7770 NW 33 ST</b> City <b>Hollywood Davie</b> FL Zip Code <b>33024</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.

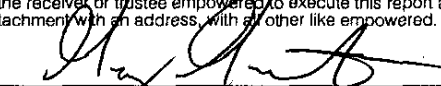
SIGNATURE  DATE **3/19/04**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input 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	PD GRANT, GUY WESLEY 4807 S.W. 66TH WAY DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Grant, Guy Wesley 7770 NW 33 Street DAVIE, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RESCIGNO, ANN MARIE 4302 S.W. 107TH WAY DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Grant, Jennifer Lynn 7770 NW 33 Street DAVIE, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRANT, JENNIFER LYNN 4807 S.W. 66TH WAY DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Grant, Jennifer Lynn 7770 NW 33 Street DAVIE, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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

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 an other like empowered.

SIGNATURE:  DATE **3/19/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR