

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90245 014 \*\*\*150.00

**DOCUMENT # P02000068254**

1. Entity Name

GET THE FLOCK OUTTA MY YARD, INC.



Principal Place of Business

7425 HOBSON STREET, N.E. SAS (02)  
ST. PETERSBURG FL 33702

Mailing Address

PO BOX 56646  
SAINT PETERSBURG FL 33732

2. Principal Place of Business

222 147 St NE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bradenton

City & State

Zip

34212

Country

Manatee

Country

4. FEI Number

56-2281831

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOWNSON, ALEXANDRA  
2912 89 AVE. E  
PARRISH FL 34219

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME TOWNSON, DANA ☐ Delete  
STREET ADDRESS 7425 HOBSON STREET, N.E.  
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE PSTD  
NAME TOWNSON, DANA ☐ Delete  
STREET ADDRESS 7425 HOBSON STREET, N.E.  
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE V.  
NAME TOWNSON, TERRY ☐ Delete  
STREET ADDRESS 7425 HOBSON ST-NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33702

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 707-343-0303

Date

Daytime Phone #