

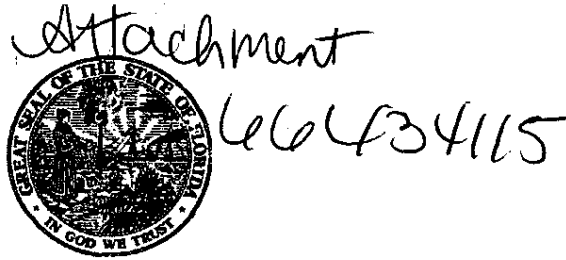
# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/9/20  
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**FILED**  
**Sep 27, 2004 8:00 am**  
**Secretary of State**  
04-09-2004 90065 007 \*\*\*150.00

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<b>DOCUMENT # P03000044700</b>					
<b>1. Entity Name</b> <b>FARHIL ENTERPRISES INC</b>					
<b>Principal Place of Business</b> 524 WEST NOBLE STREET WILLISTON, FL 32696			<b>Mailing Address</b> P O BOX 358144 GAINESVILLE, FL 32635-8144		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04052004    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 58-2672750				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				<b>6. Name and Address of Current Registered Agent</b>	
HEFFERNAN & ASSOCIATES 2911 EAST MAIN PAHOKEE, FL 33476				<b>7. Name and Address of New Registered Agent</b> Richard L. Heffernan, P.A. 2911 East Main Street PAHOKEE, FL 33476	
<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.</b> SIGNATURE: <u>Richard L. Heffernan</u> DATE: <u>9-20-04</u> <small>Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BABBAR, REHAN P O BOX 358144 GAINESVILLE, FL 326358144	<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	S BABBAR, ZARINA P O BOX 358144 GAINESVILLE, FL 326358144	<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
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
<b>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.</b>					
SIGNATURE: <u>REHAN BABBAR</u> DATE: <u>4/9/04</u> DAYTIME PHONE #: <u>352-529-0000</u>				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 28, 2004

FARHIL ENTERPRISES INC  
P O BOX 358144  
GAINSVILLE, FL 32635-8144

Subject: FARHIL ENTERPRISES INC

Reference Number: P03000044700

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH  
ANNUAL REPORTS SECTION