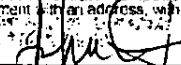


2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/

FILED
Jul 06, 2004 8:00 am
Secretary of State

05-10-2004 90481 029 ***158.75

DOCUMENT # P03000134330			
1. Entity Name H & N FARMS, INC.			
Principal Place of Business 13271 SHIRE LN FT MYERS, FL 33912		Mailing Address PO BOX 60571 FT MYERS, FL 33906-6571	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BENNETT, KARLA RENEE 1104 W PLEASANT ST AVON PARK, FL 33825		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 _____ 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	
10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
☐ Delete	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
☐ Delete	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
☐ Delete	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
☐ Delete	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ 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 Book 40 or Book 111 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: April 29 Title: Director	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

66429370

04282004 Chg-P CR2534 (10/03)

4. FFI Number **20-0515337** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required