

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154432

FILED
Mar 30, 2004
Secretary of State

Entity Name: FARMER & SON, INC.

Current Principal Place of Business:

731 SYBILWOOD CIR
WINTER SPRINGS, FL 32708

New Principal Place of Business:

1062 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

Current Mailing Address:

731 SYBILWOOD CIR
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 36-4545954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, BERRY J JR ESQ
WALKER & TUDHOPE, P.A.
1053 MAITLAND CENTER COMMONS BLVD 2 FLOOR
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T () Change (X) Addition
Name: FARMER, MEADE P/T
Address: 731 SYBILWOOD CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V/S () Change (X) Addition
Name: FARMER, JUSTIN M V/S
Address: 2502 S.E. TIFFANY ST.
City-St-Zip: PT. ST. LUCIE, FL 34952

Title: D () Change (X) Addition
Name: FARMER, JANE M D
Address: 731 SYBILWOOD CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEADE FARMER

P/T

03/30/2004

Electronic Signature of Signing Officer or Director

Date