

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90236 009 \*\*\*158.75

DOCUMENT # P93000078437

1. Entity Name  
 DETOUR FARM, INC.



Principal Place of Business  
 6710 IDLEWILD STREET  
 FT. MYERS, FL 33912 US

Mailing Address  
 595 PECK AVENUE  
 FT. MYERS, FL 33919 US

J4074100



2. Principal Place of Business

3. Mailing Address

6710 Idlewild St.

04262004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Ft. Myers, FL

4. FEI Number

65-0455813

Applied For

Not Applicable

Zip

Country

Zip  
 33912

Country

USA

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANSBY, NORMA KAY  
 595 PECK AVENUE  
 FT. MYERS, FL 33919

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**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 PSTD  
 DANSBY, NORMA KAY  
 595 PECK AVENUE  
 FT. MYERS, FL 33919  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 Change  Addition

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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: X Norma Kay Dansby N.K. DANSBY 4-27-04 239 936 8044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #