2008 FOR PROFIT CORPORATION FILED ANNUAL REPORT Feb 19, 2008 08:00 AM Secretary of State **DOCUMENT # P93000078437** 1. Entity Name DETOUR FARM, INC. Principal Place of Business Mailing Address 6710 IDLEWILD STREET 6710 IDLEWILD STREET FT. MYERS, FL 33912 FT. MYERS, FL 33912 01102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0455813 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DANSBY, NORMA KAY DO NOT WRITE 6650 IDLEWILD STREET FT. MYERS, FL 33966 IN THIS SPACE 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.

OFFICERS AND DIRECTORS 10.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS Added to Fees

PSTD TITLE DANSBY, NORMA KAY NAME STREET ADDRESS 6650 IDLEWILD ST CITY-ST-71P FORT MYERS, FL 33912 TITLE NAME MOHAVPT, RICHARD E STREET ADDRESS 2424 RYAN BIRD CITY-ST-ZIP PUNTA GORDA, FL 33950 TITLE NAME. STREET ADDRESS C/TY-ST-7IP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

000000832708 02/27/08-80070-007 158.75

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:	Norma Kan	MENTA	Normeta	Linpanily	40-01-5	2399368042
			RIGHING OFFICER OR DIRECTOR	,	\ Date	Daytime Phone #