


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000018449</b> 1. Entity Name O C FARMS, INC.	
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Principal Place of Business 1268 GALLOP DR. LOXAHATCHEE, FL 33470	Mailing Address 1268 GALLOP DR. LOXAHATCHEE, FL 33470
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**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0477054	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOURDES, PRESCOTT  
1268 GALLOP DRIVE  
LOXAHATCHEE, FL 33470

**DO NOT WRITE  
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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>	11000000052258 02/16/04-80084-008 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRESCOTT, WARREN 1268 GALLOP DR. LOXAHATCHEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LOURDES M PRESCOTT 1268 GALLOP DR LOXAHATCHEE, FL
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IN THIS SPACE**

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:** LOURDES M PRESCOTT 02/16/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #