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Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90016 005 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

24001250



01082004 Chg-P CR2E034 (10/03)

DOCUMENT # P94000021476 1. Entity Name BIRCH HILLS FARMS, INC.			
Principal Place of Business 2722 SHELTINGHAM DR WEST PALM BEACH, FL 33414		Mailing Address 2722 SHELTINGHAM DR WEST PALM BEACH, FL 33414	
2. Principal Place of Business 2643 SHELTINGHAM DR. Suite, Apt. #, etc.		3. Mailing Address 2643 SHELTINGHAM DR. Suite, Apt. #, etc.	
City & State WELLINGTON FL		City & State WELLINGTON, FL	
Zip 33414 Country USA		Zip 33414 Country USA	
4. FEI Number 22-3267497		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AVERSAND, JANE 2722 SHELTINGHAM DR WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2643 SHELTINGHAM DR. City WELLINGTON FL Zip Code 33414	
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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME AVERSANO, RANDOLPH STREET ADDRESS 2722 SHELTINGHAM DR CITY-ST-ZIP W PALM BEACH, FL 33414	<input type="checkbox"/> Delete	TITLE 2643 SHELTINGHAM DR. NAME WELLINGTON, FL 33414 STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME AVERSANO, JANE STREET ADDRESS 2722 SHELTINGHAM DR CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE 2643 SHELTINGHAM DR. NAME WELLINGTON, FL 33414 STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Jane R. Aversano, JANE R. AVERSANO 1/8/04 561-793-5677 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			