2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90029 008 ***150.00

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DOCUMENT # P95000013191

1. Entity Name
ISLAND TROPICAL FARMS, INC.

Principal Place of Business
525 CHASE HAMMOCK RD.
MERRITT ISLAND, FL 32953

Mailing Address
525 CHASE HAMMOCK RD.
MERRITT ISLAND, FL 32953

02252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 5775 N. TROPICAL TRAIL
Suite, Apt. #, etc.
City & State: MERRITT ISLAND FL
Zip: 32953 Country: USA

3. Mailing Address
Suite, Apt. #, etc.
5775 N Tropical Trl
Merritt Island, FL 32953
City
Zip Country

4. FEI Number: 59-3296678 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ELLIS, DELMAS R
525 CHASE HAMMOCK RD
MERRITT ISLAND, FL 32953
Deceased

7. Name and Address of New Registered Agent
Name: GARY K. HOBBS
Street Address (P.O. Box Number is Not Acceptable): 5775 N. TROPICAL TRAIL
City: MERRITT ISLAND FL Zip Code: 32953

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: _____ 2-24-04
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

TITLE	DP	☒ Delete
NAME	ELLIS, DELMAS R	
STREET ADDRESS	525 CHASE HAMMOCK RD.	Deceased
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	DST	☐ Delete
NAME	ELLIS, OMMIE J	
STREET ADDRESS	525 CHASE HAMMOCK RD.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	DV	☐ Delete
NAME	HOBBS, GARY K	
STREET ADDRESS	5775 N. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	☐ Change ☒ Addition
NAME	GARY K HOBBS	
STREET ADDRESS	5775 N. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ GARY K. HOBBS 2-24-04 321-453-4472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #