

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

04 DEC 28 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



09222004 No Chg-P CR2E034 (10/03)

DOCUMENT # P95000022600

1. Entity Name
FELCO FARMS CORP.



Principal Place of Business
12100 N.W. HIGHWAY U.S. 27
OCALA, FL 34482

Mailing Address
14050 SW 16TH AVENUE
OCALA, FL 34473

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3427505

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LACAILLE, MARCEL
14050 SW 16TH AVENUE
OCALA, FL 34473

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LACAILLE, MARCEL
STREET ADDRESS	14050 SW 16TH AVENUE
CITY-ST-ZIP	OCALA, FL 34473
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

second copy first lost in the mail