


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90057 032 \*\*\*150.00

**DOCUMENT # P95000038390**

1. Entity Name  
**FERGUSON FARMS, INC.**



Principal Place of Business  
**3390 FORT DENARD ROAD LABELLE, FL 33935**

Mailing Address  
**3390 FORT DENARD ROAD LABELLE, FL 33935**

**94037768**

2. Principal Place of Business  
**3390 FT. DENAUD RD.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3390 FT. DENAUD RD.**  
 Suite, Apt. #, etc.



02232004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**65-0582377**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**HOUSE, DWAYNE A**  
**613 NW 7TH STREET**  
**MIAMI, FL 33136**

7. Name and Address of New Registered Agent  
 Name **WALTER R. FERGUSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3390 FT. DENAUD RD.**  
 City **LABELLE** FL Zip Code **33935**

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 *Walter R. Ferguson* **WALTER R. FERGUSON** (NOTE: Registered Agent signature required when reinstating) DATE **2-24-04**

**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	D	<input checked="" type="checkbox"/> Delete
NAME	HOUSE, DWAYNE A	
STREET ADDRESS	613 NW 7TH STREET	
CITY-ST-ZIP	MIAMI, FL 33136	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, WALTER R	
STREET ADDRESS	3390 FORT DENARD ROAD	
CITY-ST-ZIP	LABELLE, FL 33935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3390 FORT DENAUD RD.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Walter R. Ferguson* **WALTER R. FERGUSON** PRES. DATE: **2-24-04**