2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 30, 2004 8:00 am Secretary of State DOCUMENT # P95000042716 01-30-2004 90086 033 ***158.75 BRUCE WILLIAMS FARM ASSOCIATES, INC. Principal Place of Business Mailing Address 714 MANATEE AVE. EAST 714 MANATEE AVE. EAST BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-0582279 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Same LIOYD E. WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 616 HILLCREST DRIVE NORTHWEST 636 Hillcrest Drive BRADENTON, FL 34209 Zip Code 34209 Bradenton 8. The above named ontity submits this statement to 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. Lloyd E. Williams, President 1/31/04 SIGNATURE (NOTE: Registered Agent signature required when rainstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Same Delete ☐ Addition TITLE **X** X hange TITLE Same WILLIAMS, LLOYD E JR NAME NAME 636 HIllcrest Drive STREET ADDRESS 616 HILLCREST DR NW STREET ADDRESS BRADENTON, FL CITY-ST-ZIP CITY-ST-ZIP Bradenton, FL 34209 ☐ Delete TITLE ■ Addition ☐ Change TITLE WILLIAMS, BRITTON H NAME 113 30TH STREET WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TOTALE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 treatee empoyeled by 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.

ident

R DIRECTOR

SIGNATURE:

FILED

1/31/04 (941)748-8834