

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000044718

Entity Name: MILE STONE FARM, INC.

FILED  
May 01, 2004  
Secretary of State

## Current Principal Place of Business:

16759 DEERPATH LANE  
LOXAHATCHEE, FL 33470

## New Principal Place of Business:

8010 WEST MCNAB ROAD  
NORTH LAUDERDALE, FL 33068

## Current Mailing Address:

16759 DEERPATH LANE  
LOXAHATCHEE, FL 33470

## New Mailing Address:

8010 WEST MCNAB ROAD  
NORTH LAUDERDALE, FL 33068

FEI Number: 65-0646156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, CLYDE M  
16759 DEERPATH LANE  
LOXAHATCHEE, FL 33470 US

## Name and Address of New Registered Agent:

LIVIGNE, GARY F  
8010 WEST MCNAB ROAD  
NORTH LAUDERDALE, FL 33068

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.

SIGNATURE: GARY LIVIGNE

05/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SMITH, CLYDE M  
Address: 16759 DEERPATH LANE  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition  
Name: LIVIGNE, GARY F  
Address: 8010 WEST MCNAB ROAD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: PD ( ) Change (X) Addition  
Name: LIVIGNE, MICHAEL G  
Address: 8010 WEST MCNAB ROAD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY LIVIGNE

CEOD

05/01/2004

Electronic Signature of Signing Officer or Director

Date