2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P95000045164

Entity Name: RABON FARM SUPPLY, INC.

Current Principal Place of Business:

US 19 SOUTH
MONTICELLO, FL 32345

New Principal Place of Business:

Current Mailing Address:

1985 S. JEFFERSON ST.
MONTICELLO, FL 32344 US

New Mailing Address:

FEI Number: 59-3326456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BILL RABON
U.S. 19 SOUTH
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RABON, WILLIAM L J
Address: RT 4 BOX 4696
City-St-Zip: MONTICELLO, FL 32344

Title: VD (X) Delete
Name: WILLIAM L. RABON III,
Address: RT 4 BOX 4696
City-St-Zip: MONTICELLO, FL

Title: VD (X) Delete
Name: PHILIP H. RABON,
Address: RT 4 BOX 4696
City-St-Zip: MONTICELLO, FL

Title: SD ( ) Delete
Name: RABON, CARLENE
Address: RT 4 BOX 4696
City-St-Zip: MONTICELLO, FL 32344

Title: TDSD ( ) Delete
Name: RABON, CARLENE S
Address: RT 4 BOX 4696
City-St-Zip: MONTICELLO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CARLENE S RABON SD 04/30/2004

Electronic Signature of Signing Officer or Director — Date