

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90455 015 ***150.00

DOCUMENT # P95000049157

1. Entity Name
OAKMONT FARMS, INC.



Principal Place of Business
**712 S. OREGON AVE.
200
TAMPA, FL 33606 US**

Mailing Address
**712 S. OREGON AVE.
200
TAMPA, FL 33606 US**



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3359568

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KRUSEN, W. ANDREW JR.
712 S. OREGON AVE.
SUITE 200
TAMPA, FL 33606**

**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 reinstating) DATE

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
KRUSEN, W. ANDREW JR
712 S. OREGON AVE. SUITE 200
TAMPA, FL 33606**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KRUSEN, JESSIE B
3415 MORRISON AVE.
TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KRUSEN, ISABELLE B
3415 MORRISON AVE.
TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KRUSEN, WILLIAM A III
3415 MORRISON AVENUE
TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
JONES, DOUGLAS N
712 S. OREGON AVE. SUITE 200
TAMPA, FL 33606**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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: *Douglas N. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04
Date

813-837-3009
Daytime Phone #