

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90031 014 ***150.00

DOCUMENT # P95000053340

1. Entity Name
FOX MEADOW FARM II, INC.



Principal Place of Business
600 SE 28TH AVENUE
POMPAÑO BEACH, FL 33062-6134

Mailing Address
600 SE 28TH AVENUE
POMPAÑO BEACH, FL 33062-6134

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0596779

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLINE, KATHY L
600 SE 28TH AVENUE
POMPAÑO BEACH, FL 33062

**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	D
NAME	CLINE, KATHY L
STREET ADDRESS	600 SE 28TH AVENUE
CITY-ST-ZIP	POMPAÑO BEACH, FL 33062

TITLE	D
NAME	CLINE, ROBERT E
STREET ADDRESS	600 SE 28TH AVENUE
CITY-ST-ZIP	POMPAÑO BEACH, FL 33062

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *X Kathy Cline*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1-20-04

Date

X 954-785-7322

Daytime Phone #