2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000072894

1. Entity Name
WHISPERING OAKS FARMS, INC.

Principal Place of Business	Mailing Address
13440 NW HIGHWAY 225	13440 NW HIGHWAY 225
REDDICK, FL 32686	REDDICK, FL 32686

DO NOT WRITE IN THIS SPACE

01102004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
06-1436834	Not Applicable

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

6. Name and Address of Current Registered Agent

ACKERMAN, CATHERINE F
13440 NW HIGHWAY 225
REDDICK, FL 32686

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	PVTS
NAME	CLARK, SHARON J
STREET ADDRESS	BOX 976
CITY-ST-ZIP	FAIRFIELD, FL 32634

TITLE	D
NAME	CLARK, SHARON J
STREET ADDRESS	BOX 976
CITY-ST-ZIP	FAIRFIELD, FL 32634

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000078838
03/08/04-80042-002 150.00

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: _Sharon Clark_ - SHARON CLARK   2-16-04   352-591-1603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #