

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000043696

1. Entity Name

WILLOW POND FARM, INC.



**FILED**  
04 APR 13 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business

PO BOX 641  
MONTICELLO FL 32345

Mailing Address

PO BOX 641  
MONTICELLO FL 32345

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3387213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, CLYDE B  
WEST LAKE RD.  
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME SIMPSON, CLYDE B  
STREET ADDRESS PO BOX 641 N/A  
CITY-ST-ZIP MONTICELLO FL 32345

TITLE VP ☐ Delete  
NAME SIMPSON, S. TODD  
STREET ADDRESS 96 WILLOW POND LANE  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ~~KIMBERLY C. SIMPSON~~ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**900033430449**  
**04/21/04--01028--007 \*\*150.00**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME KIMBERLY C. SIMPSON  
STREET ADDRESS V. PRESIDENT / SECTREAS.  
CITY-ST-ZIP 96 WILLOW POND RD  
MONTICELLO, FL 32344

TITLE ☐ Change ☒ Addition  
NAME V. PRESIDENT  
STREET ADDRESS JOSEPH A. SIMPSON  
CITY-ST-ZIP 96 WILLOW POND RD  
MONTICELLO, FL 32344

TITLE ☐ Change ☒ Addition  
NAME V. PRESIDENT  
STREET ADDRESS MATTHEW W. SIMPSON  
CITY-ST-ZIP 398 WILLOW POND RD  
MONTICELLO, FL 32344

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Clyde B Simpson*  
April 1, 2004 228-4400  
Date Daytime Phone #