

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90167 042 ***150.00

DOCUMENT # P96000083040

1. Entity Name
CHURCHILL FARM, INC.



Principal Place of Business
**7523 CHURCHILL DOWNS ROAD
SARASOTA, FL 34241**

Mailing Address
**7523 CHURCHILL DOWNS ROAD
SARASOTA, FL 34241**

2. Principal Place of Business

5723 CHURCHILL DOWNS RD

Suite, Apt. #, etc.

3. Mailing Address

5723 CHURCHILL DOWNS RD

Suite, Apt. #, etc.

City & State

SARASOTA

Zip

34241

Country

US

City & State

SARASOTA

Zip

34241

Country

US

05042004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0698912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HERMANN, CECELIA M
7523 CHURCHILL DOWNS ROAD
SARASOTA, FL 34241**

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

J. CAMBLIN
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-4-04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **DST** ☐ Delete
NAME **HERMANN, CECELIA M**
STREET ADDRESS **7523 CHURCHILL DOWNS ROAD**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE **DP** ☐ Delete
NAME **CAMBLIN, JOHN**
STREET ADDRESS **7523 CHURCHILL DOWNS ROAD**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE ☐ 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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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. 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:

J. CAMBLIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-4-04

941 927 7433